To 13th January 2025

The General Manager
HR Department
Union Bank of India (Central Office)
Mumbai

SUBJECT: Request for transfer to Chandigarh Regional Office due to critical family medical situation

I, Pulkit Bansal (PF BP775797), have been dedicatedly serving at the Regional Office in Junagadh, Gujarat since 13th June 2022. I am writing to formally request a transfer to the Chandigarh Regional Office due to pressing medical circumstances affecting my family.

I have previously submitted applications regarding this request, including Ref No. RO/JUN/HRMD/1823/2023 dated 21st September 2023, Seq No. GZ5766 dated 9th November 2023, diarized on 4th December 2023 and Ref.: RO/JUN/HRMD/2236/2023 dated 11.09.2024. I am compelled to renew this request due to the worsening medical condition of my father.

Since November 2022, my father has been battling liver cirrhosis, a severe liver disease characterized by irreversible scarring. Cirrhosis has been classified as Complicated Chronic Disease by PGIMER, certificate of which is attached. In May 2023, he was also diagnosed with ascites, causing fluid accumulation in his abdominal cavity. He has been receiving treatment at the Postgraduate Institute of Medical Education and Research (PGIMER) in Chandigarh, necessitating frequent hospital visits.

In August 2024, my father was diagnosed with an LR4 lesion in his liver, suspected to be hepatocellular carcinoma (HCC). The recommended treatment includes TACE (Transarterial Chemoembolization) and a possible liver transplant.

Additionally, my mother is struggling with chronic migraines and has been clinically diagnosed with anxiety and depression. She requires ongoing treatment and frequent follow-ups. The burden of managing both their health issues has been overwhelming, and the lack of a local support system exacerbates their difficulties.

In light of these critical circumstances, I find myself with no alternative but to once again submit this urgent request for a transfer to the Chandigarh Regional Office under FGMO Chandigarh. This move is essential to allow me to be present and provide the necessary support to my family during this challenging time.

I request your understanding and consideration of my circumstances. Your support in facilitating this transfer would enable me to provide the necessary care and assistance to my parents during this challenging time. It is my humble submission that my application for a posting in Chandigarh be considered sympathetically on humanitarian grounds so that I can fulfill my moral duty as a son and my professional duties towards our esteemed organization more efficiently.

In addition, I have attached a selection of pertinent medical records to this letter as a token of proof regarding my parents' ongoing health concerns and the treatment they have been receiving. I hope that these documents provide further clarity on the seriousness of the situation and reinforce the urgency of my request for a transfer. I hope that your thoughtful evaluation of my appeal will lead to a compassionate and favorable decision.

Thank you for your time and attention to this crucial matter.

Sincerely,

Pulkit Bansal

(BP775797)

Encl:

1. Complicated Chronic Certificate
2. OPD Cards of PGIMER, Chandigarh
3. Medical reports
4. Previously submitted applications.

COMPLICATED CHRONIC CERTIFICATE

No. of Certificate PGI/HEP/1406

Name of the State Govt.
Medical Hospital / Institute
Issuing Certificate

Date of issue 16-08-2024

Validity of Certificate : From 16/8/2024

To: 15/8/2027

C.R. No. 201801483084

Dr. ... Verma
Associate Professor
Dept. of Hepatology
PGIMER, Chandigarh

Certified that Mr./~~Mrs~~ JATINDER BANSAL

Son/~~Daughter/Husband/Wife~~ of Sh. DAL CHAND

Age 56 years working in / ~~retired from the~~ office of Accountant General Punjab Chandigarh as Sr. Div. Accounts Officer and resident of house no. # 840, SECTOR-17 Panchkula

Village/City/Town PANCHKULA Distt. Panchkula has been examined in this Govt. Medical College/Institute by Dr.(s) Dept. of Hepatology today on

He is suffering from Cirrhosis of Liver and this disease comes in the category of Complicated Chronic Disease.

Signature of patient examined

The patient shall present himself/herself on Regular Basis for fresh check up

Name & Signature of the
Head of the Department
In which the patient is

Deptt. of [illegible] Chandigarh

Name(s) & signature (s) of
Doctor(s) with seal

1.

Dr. Nipun Verma
Associate Professor
Deptt. of Hepatology
PGIMER, Chandigarh

2.

COUNTERSIGNATURE

Medical Superintendent
PGIMER Chandigarh
19/08/24

Name & Signature of the Principal
Medical Superintendent of the
Institute (with Seal)

BS [illegible]

नेहरु चिकित्सालय **NEHRU HOSPITAL**
स्नातकोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

DSA

बाहरी रोगी कार्ड OUT PATIENT CARD

CR No. : 2018 0148 3084 Date 02-07-2018
Name : JATINDER BANSAL
[illegible] No : [illegible]
Age/Sex : 50 Y/M Category : General
Father Name: Dal Chand
Address : [illegible] C 17 [illegible] Haryana India
Department : Neurology
[illegible] /Specialty: Unit I/VI [illegible] MM [illegible] AK AI
Room No : 3112 Serial No : 171
File No : [illegible]090011 Amount(Rs): 10/-
Unit Days : Mon,Wed,Fri

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS	

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED
	SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS
	CTB SR/Resi/Dr Amit K
DM+ HTN- TB- CAD- Ch-Alc Smoker	c/o binge alcohol intake on Saturday and woke up the next day morning with inability to extend wrist — No sensory loss over (Rt) thumb.

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पीजीआई मे हुए जन्म तथा मृत्यु के प्रमाण पत्र सीआरडी. विभाग मे उपलब्ध है

तारीख व हस्ताक्षर DATE & INITIALS	दवाई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED	तारीख DATE

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

O/E: Conscious oriented

pupil NS/NR b/l

Conj pall b/l.

DTR B T S K A

Ⓡ 2+ 2+ 2+ 2+ 2+

Ⓛ 2+ – 2+ 2+ 2+

Sensory loss over

Ⓛ thumb extension

Imp

Ⓛ radial nerve palsy

improving.

nearly good [illegible]

Ⓛ UL NCS.
Radial/ulnar/
[illegible]

7/2/18

C/O/W Dr. [illegible] → ? To observe

Smoking X – Physiotherapy consultation
(IOZ)

– FBS

– Endocrinology consultation

Reason to give statements at improvement

Prasad

)
n
S/O
t

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचे व उपचार TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

7/2/18
274
65

21 AUG 2023
CHA[illegible]GARH

Lost to F/up
since
2018

DM / [illegible]
F/U/O ALD c̄ P. HTN c̄
Splenomegaly

(BaSW)

c̄ c/o headache
since 5 days
- (L) sided predominant
- ~~[illegible]~~ radially to (L) side of face
- not c/o any vision impairment
- a/c conjunctival injection / redness
- improve after taking medicine

Y.

[illegible]
MRI (2018)
S/O Intraventr.
ICH in
occ. horn of
(R) lat.
ventricle

तारीख व हस्ताक्षर DATE & INITIALS	TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

Adv:-

- CEMRI Brain (After consn Hepat / Nephro-soni).
- S. B_{12} levels
- T_3/T_4/TSH.
- BP monitoring (1-1)

Rx:

- T. Gabapentin 100mg ① HS (After Hepat consn)
- T. PCM ① SOS

केवल जाँच के लिए / FOR INVESTIGATIONS ONLY

ऑनलाइन लैब रिपोर्ट वेबसाइट pgimer.edu.in / ors.gov.in पर उपलब्ध है

Lab test reports are available on website pgimer.edu.in / ors.gov.in

[illegible]

नेहरु चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

32

CR No. : 2018 0148 3084 Date : 18-11-2022
Name : JATINDER BANSAL
Ph. No : 9646400201
Age/Sex : 54 Y/M Category : General
Father Name: Daj Chand
Address : 840SEC 17 PKL
Harvana India
Department : Hepatology
Clinic Referral/AD.ST.MPK.NV.

Room No : 4032 Serial No : 107

सामयिक निदान / तात्कालिक प्रिदान PROVISIONAL DIAGNOSIS

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED
(4) Dr NV	**SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS**
DM (+) × 4-5 yrs ⇓ MTF + [illegible]	AUD × 20 yrs daily ∵ last few years LAI → 2 weeks back
	c/o fever × 3-4 days · (4/11/22) c jt pain PC → 36K
2l-17[illegible]	Chikungunya IgM (+) ⇓ took CAM × ~~2~~ 3 days
homeopathic med^n	⇒ for ↓ P/C

Prasad

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पी.जी.आई में हुए जन्म तथा मृत्यु के प्रमाण पत्र एम.आर.डी. विभाग में उपलब्ध है।

~~[illegible] — c Hatch (Lyzback"~~

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

LFT →

1.23	72	695
0.41	76	3.7

INR — 1.13

CBC → 11.8 | 4.4k | 95k

KFT 16/0.62

LSM — 22.3

HIV
HBsAg
HCV } NR

USG W/A → Shrunken ē coarse echotexture
PV dilated (14.7mm)
mild splenomegaly

No FF

Δ — c/c → BASH

~~H~~

Ascites
Bleed
HE } ⊖

Prasad

दिनांक व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Plan

UGIE ↓ Dr NV (screening) ①

TPCT

AFP

LFT/KFT/SE/INR/CBC

HBA1c

VitD,

GH, IGF1

②

③ 4 ECG, electrode

body fat / CANS analysis
4008B room, New OPD,
Wednesday/Thursday
4/3

Adv

- Avoid bakery products
High protein diet

Syp looz 15ml HS
T. Multivitamin 1OD
T. Thiamin 200 BD

- R/V in Endocrinology OPD

- R/V c̄ [illegible] reports
after 2 months.

- R/V in psychiatry for
deaddiction

R/V c̄ reports

Bhopal Prasad

तारीख व हस्ताक्षर DATE & INITIALS	TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

MEDICAL RECORD DEPT.
Room No. 75
Sr. No.
19 DEC 2022
Sign
PGIMER, CHANDIGARH

BASH - d/c

Endoscopy Appointment
Time 10 am D 22/12/22
Location : Endoscopy Room
2nd Floor, A Block, Hepatology Dept.
Nehru Hospital Extension Block,
PGI, Chandigarh

TPCT → MoSoL
Unit/Consult: Live

CBC — 11.5/48k/35K
LFT → 0.76 | 37 | 7.2 / 0.45 | 31.8 | 3.2
KFT — 16.8 | 13 | 6 / 0.78 | 4.79

APP — 5.92
INR — 1.28

After 18 Dec

केवल जाँच के लिए / FOR INVESTIGATIONS ONLY
ऑनलाइन लैब रिपोर्ट वेबसाइट pgimer.edu.in/ors.gov.in पर उपलब्ध है
Lab test reports are available on website pgimer.edu.in/ ors.gov.in

Plan
UGIE
↓ DA NV
L/K/SE
CBC
PT/INR

Adv
KP diet S/R diet
T. Newcal 1OD
T Rifaximine 100 TDS
T Dayvit 1OD
Syp Looz 15ml TDS
F/U in Endocrinology OPD
HA 3 month

नेहरू चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

CR No. : 2018 0148 3084 Date : 20-03-2023

Name : JATINDER BANSAL
Ph. No : 9646400201
Age/Sex : 55 Y/M Category : General
Father Name: Dal Chand
Address : 840SEC 17 PKL
Haryana India
Department : Hepatology
Unit/Conslt: Liver Clinic Referral/AD.ST.MPK.HV.
Room No : 4023 Serial No : 19
Amount(Rs) : 10/-
Unit Days : Mon-Fri
Renewal

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS	

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचे व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

BASH C/C

- TPCT → NO SOL
- LAI → NOV 2022
- CBC → 12.0/3610/55K.
- LFT → $\frac{0.9}{0.5}/\frac{28}{27}/\frac{7.4}{3.92}/148$

U/C → 18/0.77

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पीजीआई मे हुए जन्म तथा मृत्यु के प्रमाण पत्र सीआरडी. विभाग मे उपलब्ध है

नेहरू चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

CR No. : 2018 0148 3084 Date :20-03-2023

Name : JATINDER BANSAL
Ph. No : 9646400201
Age/Sex : 55 Y/M Category : General
Father Name: Dal Chand
Address : B40SEC 17 PKL
Haryana India
Department : Hepatology
Unit/Conslt: Liver Clinic Referral/AD.ST.MPK.NV.
Room No : 4023 Serial No : 19
Amount(Rs.) : 10/-
Unit Days : Mon-Fri Renewal

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS	

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

BASH C/C

TPCT → NO SOL

LAI → NOV 2022

CBC → 12.0/3610/55k.

LFT → $\frac{0.9}{0.5} / \frac{29}{27} / \frac{7.4}{3.92} / 148$

U/C → 18/0.77

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पीजीआई में हुए जन्म तथा मृत्यु के प्रमाण पत्र सीआरडी. विभाग में उपलब्ध है

तारीख व हस्ताक्षर
DATE & INITIALS

कराई गई जांचें व उपचार
TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

तारीख व
DATE &

PT/INR → 15.5/1.35

March 2023

- CLD c̄ PHTN
- Splenomegaly

Rx

- Salt Restricted <2g/day
- Protein 1.5g/2g/kg/day
- T. Nuweal 1tab OD
- T. Dayvit 1tab OD
- Syp. Looz 15ml HS

- To continue OHA

as adviced by
ENDO

R/A
3 months

CBC/LFT/KFT/INR

तारीख व हस्ताक्षर DATE & INITIALS	कराई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED	तारीख व DATE &

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

PT/INR → 15.5/1.35

March 2023

- CLDc PHTN
- Splenomegaly

Rx

- Salt Restricted <2g/day
- Protein 1.5g/2g/kg/day
- T. Nuweal 1tab OD
- T. Dayvit 1tab OD
- Syp. Looz 15ml HS

- To continue OHA

as adviced by ENDO

R/A 3 months

CBC/LFT/KFT/INR

ख व हस्ताक्षर
E & INITIALS

बताई गई जांचें व उपचार
TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

Fibroscan → NH and LICU
20/04/2023 C-Block

Fibroscan No. 628
Date 3/5/2023
LSM 17.7 Kpa
IQR/Med 11 o/o
CAP 234 (dB/m)

RECORD DEPARTMENT
No. ....
No. 4023
23 JUN 2023
Sign..........
PGIMER, CHANDIGARH

AoC

ख व हस्ताक्षर E & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

Fibroscan → NH and LICU
20/04/2023 C-Block

Fibroscan No. 628
Date 3/5/2023
LSM 17.7 Kpa
IQR/Med 11 o/o
CAP 234 (dB/m)

...RECORD ... [illegible]
...No. ....
...... 4023
23 JUN 2023
Sign........
...ER, C... DIGARH

AOC

तारीख व हस्ताक्षर DATE & INITIALS	TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

23/6/23 F/u/c

- BASH C/C

LSM → 17.3

LAI → 8month back

- NB (Vx status not known)

ARD . SR

Latest Labs

LFT → $\left(\frac{1.44}{0.73}\right)\left(\frac{32}{26}\right)\left(\frac{8.01}{4.25}\right)/116.$

→ U/C → 31.4/0.97

केवल जाँच के लिए / FOR INVESTIGATIONS ONLY
ऑनलाइन लैब रिपोर्ट वेबसाइट pgimer.edu.in / ors.gov.in पर उपलब्ध है
Lab test reports are available on website pgimer.edu.in / ors.gov.in

→ Na/K → 137/4.1

→ HbA1c → 4.3%

4030 / 3026

USG w/A → NO E/o ascites

Refer hepatology

R/A
CBC/LFT/KFT/PT/INR

Rx

- SR/HP diet
- To continue OHA as advised
- Syp. Looz 15ml BD (15ml - 15ml)
- T. Newcal 1tab OD — 0 —
- T. Dayrit 1tab OD — 0 —

UGIE L DR. NK

4032

नेहरु चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

R No. : 2018 0148 3084 Date :31-07-2023

ame : JATINDER BANSAL
h. No : 9646400201
Age/Sex : 55 Y/M Category : General
Father Name: Dal Chand
Address : 840SEC 17 PKL
Haryana India

Department : Hepatology
ver Clinic Referral/AD.ST.HPK:NV

Room No : 4023 Serial No : 17

अस्थायी निदान/तात्कालिक निदान / PROVISIONAL DIAGNOSIS : Renewal

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जाँचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Endoscopy Appointment
Time 9:30 10/8/23
Location: Endoscopy Room
2nd Floor, Hepatology Deptt.
Nehru Hospital Extension Block,
PGI, Chandigarh 811

T2DM+/on OHA

HTN - NOV 22

MET-ALD

c/c.

LSM → 17.7 kPa
CAP → 234 dB/m

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।

[illegible]
TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Hg → 11.6 / 3680 / 61k.

LFT → $\frac{0.56}{0.33}$ | $\frac{29}{30}$ / 159 | $\frac{6.0}{3.26}$

UC → 23 / 0.9

Na⁺/K⁺ → 141 / 4.7 No ↑

PT – 83%
INR → 1.2

USG Abd

Liver 11.7 cm
mod. ascites
PV – 11.9 mm
Spleen 15.9 cm

TPCT Abd → No SOL
multiple collaterals (+)

Pramod

Next Visit

गई जाँचें व उपचार
TREATMENT AND INVESTIGATION ORDERED

INITIALS

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

Rx

- SFR diet (< 2gm/d)

- hp diet (80-100gm/d)

no Bakery products

- T. Dytor plus (5/50)
1—0—0

- T. Newcal 500 BD

- T. ODvit 1—0—0

- Syp Looz 15ml TDS
1—1—1

x 2 weeks

SR

ils(+)

ENDOSCOPY
(Hepatology)
No. 16.821.23
Date 10/8/23
Result/Advice

VGIE done by Dr Akash & Dr. AV

Adv/ NPO x 1/2 hr

IF

year

T. Carca 3.125 BD

& INITIALS

कराई गई जांचें व उपचार
TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Rx

- SFR diet (<2gm/d)
- hp diet (80-100gm/d)

no Bakery products

- T. Dytor plus (5/50)
  1—0—0
- T. Newcal 500 BD
- T. DDvit 1—0—0
- Syp Looz 15ml TDS
  1—1—1

x 2 weeks

ub (+)

EN...SCOPY
(H...ogy)
No. 16.821.23
Date 10/8/23
R... /Advice

VGIE done by Dr Akash 1 Dr.AN

Adv/ NPO x ½ hr

ıE

year

T. Carca 3.125 BD

नेहरू चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

CR No. : 2018 0148 3084 Date :14-08-2023

Name : JATINDER BANSAL
Ph. No : 9646400201
Age/Sex : 55 Y/M Category : General
Father Name: Dal Chand
Address : 840SEC 17 PKL
: Haryana India
Department : Hepatology
Unit/Conslt: Liver Clinic Referral/AD.ST.MPK (NV)

Room No : 4023 Serial No : 2
Amount(Rs) : NIL
Unit Days : Mon.Fri Cont...

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS	

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

MET-ALD
D/c cirrhosis
(T2DM+ / on OHA
NOHE
Low risk EsoVa
No SOL / multiple collaterals (+)

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पीजीआई मे हुए जन्म तथा मृत्यु के प्रमाण पत्र सीआरडी ~~विभाग~~ मे उपलब्ध है

ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

TREATMENT AND INVESTIGAT

SUPPLY FOLLOWING
EQUIVALENT GENERI

Rx/

Liq diet

Sip milk (80–[illegible]).

No Bakery products.

T. Bytor forte (5/50) 1——OD.

T. Nemel 500 1——1.

T. Dvif 1——OD

T. Carca 3.125 OD

Syp Lactulose 10ml HS.

Protinex powder 2 scoops BD

x 2 months.

Adv/

Diet chart

(4030)

(NM/ 5th floor/ c-block)

(CBC/LFT/KFT/INR + USG abd.)

Scanned with OKEN Scanner

ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

TREATMENT AND INVESTIGA

SUPPLY FOLLOWING
EQUIVALENT GENERI

Rx/

Liq diet

Lip diet (80–1gm/kg).

No Bakery products.

T. Bytor plus (5/50) 1—0—0.

T. Nemol 500 1———1.

T. Ddrif 1———0

T. Carvo 3.125 mg 0

Syp Lactulose one tsp HS.

Prolivit powder 2 scoops OD
0 0 0

Adv/

Diet chart

(4030)

(NM/ 5th floor / C-block)

x 2 months.

(CBC/LFT/KFT/INR + USG abd.)

[illegible]

TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING [illegible] OR EQUIVALENT GENERIC DRUGS

4023

10 AUG 2023

[illegible]ER, CHANDIGARH

Please send to

4020

[illegible]

c/o ↓ sl. ↓ sleep.

headache

unilateral

(postural symp +).

—OD.

—f.

R/

Syp Cremaffin.

↓ T Dytor plus (5/50)

½ OD.

+

T. Clonafit MD 0.5mg HS

BP monitoring

SOS

monthe.

FT/KFT/lipid + Urine: Alb.

[illegible]
TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

4023

10 AUG 2023

...ER, CHANDIGARH

Please send to
4020
Parminder Kaur

c/o 2 ep. 2 days.
measles
implanted
(partial symp ?).

—OD.

—1.

R/
Stop caxa.

3 0

↓ T Oxtor plus (5/500)
½ OD.

10 MS.

+

cpt.
T. Clonafit MD 0.25 mg SOS
BD mainly

COS
0 0

2

months.

FT/KFT/lmc + USG: Abd.

तारीख व हस्ताक्षर DATE & INITIALS	TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

04 SEP 2023

4.23
8

HbAc 4.5

DPP 3.85

BMD | 5.0

ARD.SR

— Vit D 39
— Cortisol 31.2
— GH 4.10
IGF1 · 76.0

Hb 12.4
Plt 101
TLC 5520

Bil 0.7/0.4
OT/PT 29/28
ALP 127
P/A/G 7.7/3.9

PT 12.2
INR 1.15
APTT 36%

Na/K 144/5.7
Urea 35/0.8
RBS 120
— P8 —

केवल जाँच के लिए / FOR INVESTIGATIONS ONLY
ऑनलाइन लैब रिपोर्ट वेबसाइट pgimer.edu.in / ors.gov.in पर उपलब्ध है
Lab test reports are available on website pgimer.edu.in / ors.gov.in

USG L/S/PHS
— No change
minimal ff

Tpt and — I summarize with PE ⊕
Ispicam pain
c/o weakness / knee pain

Adv
— Diet + Exercise
— T. Dutas [illegible] 1 OD
1 → x 7d,
twice a week
— Of same Rx

Prasad
RIA [illegible]
CRC / 5885 LA / PT-2NE

नेहरू चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

o. : 2018 0148 3084 Date :24-11-2022

: JATINDER BANSAL
No : 9646400201
Sex : 54 Y/M Category : General
er Name: Dal Chand
ess : 840SEC 17 PKL
Haryana India
rtment : Endocrinology
/Conslt: Endocrinology Referral/SB.PD.RW.AR.

No : 4008 Serial No : 96
nt(Rs) : 10/-
Days : Wed.Thu

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS	

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचे व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

BP – 146/77

PR – 11

Diabetes x 3yrs
Chronic alcoholic

Q 2°PM
? 52PM

Adv:
– Diabetic diet
1600 kcal/day

– Stop alcohol

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पी.जी.आई में हुए जन्म तथा मृत्यु के प्रमाण पत्र एम.आर.डी. विभाग में उपलब्ध है।

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED	तारीख व हस्ताक्षर DATE & INITIALS

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

T. Glip M1 forte
(1+1(cr)) BD — BBF
— BM

MEDICAL
Room No.
Sr. No.

T. Newcal OD Lw

FBS: 1
PP:

Rx B lyp (cks) / Urine Sug

HbA1c

3m

IAG: 6

T. Mecobid
PG LOD 1x . + 9H : 8

Prasad

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

4008

95

23 FEB 2023

Advice:

Diet (3026)

- Exercise 30 min.
- Hb Electrophoresis
- [illegible]

FBS: 115.7 mg/dl

PP: 194 "

x Bug

HbA1c : 5.1%

IAG : 69

r Q4 : 2.94

① Tab. Glimpec M Forte 1/1000

1 — x — 1

(BBF/Bon)

Tab. Newcal 100

— 1 —

Tab. D3 rise 60,000

monthly

R/v Tab. Crusov 5 mg (HS)

2 months

FBS/PPBS

HbA1c

Hb Electrophoresis

SR Endo.

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

4008

23 FEB 2023

...NDIGARH

Advice:

- Diet (3026)
- Exercise 30 min.
- Hb Electrophoresis
- ~~OBST~~

FBS: 115.7 mg/dl

PP: 194 ,,

x Bvg

HbA1c: 5.1%

lAG: 69

r Q4 : 2.94

① Tab. Glimpel M Forte 1/1000
1 — x — 1
(ABF/BOD)

Tab. Newcal 100
— 1 —

Tab. D3 रीस 60,000
monthly

Rvw Tab. Cresov 5 mg (HS)

FBS/PPBS
HbA1c
Hb Electrophor.

2 months

SR Endo.

तारीख व हस्ताक्षर DATE & INITIALS	TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

4008 B.P - 111/72

123 P 87

CKD / T2DM renewed

diab diet

Rx - T glim

H112 3rd

FBG (1+1000) c DBIT

HbA1c 9.1.

RBS 277.

T. glycomet SR 1g OD BD

CR
Na
Ph
Ao
Fa
Ad
De
Un

SH . RP

Ro
Am
Un

केवल जाँच के लिए / FOR INVESTIGATIONS ONLY

ऑनलाइन लैब रिपोर्ट वेबसाइट pgimer.edu.in/ors.gov.in पर उपलब्ध है

Lab test reports are available on website pgimer.edu.in/ ors.gov.in

SCr

Cr 1.55

Contd 0/9/0

Urine ... Albumin/creatinine Ratio

Dr. [illegible]

नेहरू चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

o. : 2015 0420 8992 Date :31-07-2023
: RI[illegible]
: [illegible]0202
Sex : 49 Y/F Category General
[illegible] : [illegible] Bansal
[illegible]SEC 17 PKL
Haryana India
ept . Neurology
Consult: Unit 1/VL,PS,SM,AK AT
~~No : [illegible]~~
Serial No : 117
No : NEDNC#1204954 Amount(Rs): 10/-
Days . Mon,Wed,Fri

सामयिक निदान / तात्कालिक निदान PROVISIONAL DIAGNOSIS	

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

T_2 DM ⊖
- HTN Ⓟ × 8yr
- Compliance (Good)
- thyroid Ⓟ × 9
on Carbima

anterior
40 yr C/o Headache × 5 yr
over vertex region.

21 → Headache occur only
5 yr in sunlight exposure.
- a/w Nausea & Vomiting
→ Relieved after vomiting
No H/o Photophobia,
H/o exertional dyspnea × 10 yr
No H/o orthopnea MMRC grade (III/IV)
No H/o PND

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पी.जी.आई मे हुए जन्म तथा मृत्यु के प्रमाण पत्र सी.आर.डी. विभाग मे उपलब्ध है

4/1/12 Dr Rig

SUPPLY EQU[illegible]
EQUIVALE IT GENERIC DRUGS

Pulse = 72
SPO2 = 98%

Ix available

SE = 139/4.2/100
RFT = 23.7/0.6
AST/ALT = 28/32
TB/CB = 1.05/0.38
ProBNP = 123.1
CBC = 12.5/5.01/272
T3/T4/TSH = 1.6/7.6/3.19
Urine R/M = Negative.
HBA1C = 5.0

Opp; Impr:- Migrein

On Examin:

EOM Ⓝ
Pupil Ⓝ size RTL
saccades :- Ⓝ
Pursuit = Smooth

fundus Ⓝ

Adv

T. Ciplar LA 40mg .100 [illegible]

T. Ciplar LA 40mg 1-0-0 [illegible]

Adv
TFT / Anti TPO

[illegible] 3 mth

[illegible]
TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Monitoring
Chart

Hypertension Clinic
Wednesday

नेहरु चिकित्सालय NEHRU HOSPITAL
कोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
RADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

2015 0420 9992

RITA

45 Y/F

: MEDGEN1010292 Renewal

: Sat

Med. OPD of GE-3
Wed/Sat 21st - 31st of Every month
मेडिसिन ओ.पी.डी. जी-ई-3
बुधवार / शनिवार प्रत्येक महीने की तारीख 21 से 31 तक

ामयिक निदान / तात्कालिक निदान
PROVISIONAL DIAGNOSIS

ारीख व हस्ताक्षर ATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED
$\overset{+}{\text{HTN}}$ x 10 yr Telvas 40mg OD DM — Hypothyroidism x 10 yr Carbimazole 5mg OD	SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS c/o Headache x 3 days parietal region, pulsatile, ass c̄ nausea & vomiting, ↑ c̄ sun exposure no photophobia no phonophobia c/o exertional dyspnea x 10 yr. (NYHA · II) ? PND.

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पी.जी.आई. में हुए जन्म तथा मृत्यु के प्रमाण पत्र सी.आर.डी. विभाग में उपलब्ध है

नेहरु चिकित्सालय NEHRU HOSPITAL
कोतर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
ADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

2015 1420 8992

R'TA

: 43 Y/F

NO : MEDGEN1010292 Renewal

: Sat

Med. OPD of OE-1
Wed/Sat 21st-31st of Every month
मेडिसिन ओ.पी.डी. ओ.ई.-1
बुधवार / शनिवार [illegible]

सामयिक निदान / तात्कालिक निदान PROVISIONAL DIAGNOSIS	
तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जाँचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

HTN+ x 10 yr
Telvas 40mg
OD

DM−

Hypothyroidism
x 10 yr
Carbimazole
5mg OD

c/o Headache x 7 days
parietal region,
pulsatile, ass. c̄
nausea & vomiting, ↑ c̄ sun exposure
no photophobia
no phonophobia

c/o exertional dyspnea
x 10 yr.
(NYHA-II)
? PND.

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पीजीआई में हुए जन्म तथा मृत्यु के प्रमाण पत्र सी.आर.डी. विभाग में उपलब्ध है

[illegible]
ATE & INITIALS

TREATMENT

[illegible]

? PMS symptoms

H/o constipation ⊕

O/E:

PR - 88/m

BP - 150/80

SpO2 - 97% RA

RR - 18/m

P- I- C- C- C- E ⊕

↓

B/L LL
pitting PE ⊕

CVS - $S_1 S_2$ ⊕
M ⊖

RS - B/L NVBS
No added sounds

CNS - HMF intact
No FND

P/A - Soft, NT
No HSM
BS ⊕

Imp - ? Migraine.

दिनांक व हस्ताक्षर
DATE & INITIALS

TREATMENT

? PMS symptoms

H/o constipation ⊕

o/e:

PR - 86/pm

BP - 150/80

SpO2 - 97% RA

RR - 18/pm

P- I- C- C- L- E ⊕

B/L LL
pitting PE ⊕

CVS - S1 S2 ⊕
M ⊖

RS - B/L NVBS
No added sounds

CNS - HMF intact
No FND

P/A - Soft, NT
No HSM
BS ⊕

Imp - ? Migraine.

बताई गई जांचें व उपचार
TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Adv:

- CBC
- LFT, RFT, SE
- URME
- Pro-BNP, TFT
- ECG
- High Fibre diet
- CXR
- R/w in Neuro OPD c̄ reports
(Mon/Wed/Fri)

- T. Naxdom - 500
SOS

5

नेहरू चिकित्सालय NEHRU HOSPITAL
तकोत्तर चिकित्सा शिक्षा एवम अनुसंधान संस्थान, चण्डीगढ़
POST)RADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

R No. : 2018 0148 3084 Date :06-11-2023
ame : JATINDER BANSAL
h. No : 9646400201
ge/Sex : 55 Y/M Category : General
ather Name: Dal Chand
ddress : 840SEC 17 PKL
Harvana India
epartment : Hepatology
nit/Conslt: Liver Clinic Referral/AD.ST.HPK.NV.
7
oom No : 4023 Serial No : 17
mount(Rs) : NIL
nit Days : Mon,Fri

Cont...

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS	

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

- BI 0.5/0.3
- OT/PT 15/30
ALP 120
P/Alb 6.1/3.0
INR 1.01
Hb 11.8/Plt 78
TLC 4200

Na/K 141/4.5
Ur/Cr 24/0.6

BI 0.9/0.2
OT/PT 41/66
ALP 111
P/Alb 6.2/2.9

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पीजीआई मे हुए जन्म तथा मृत्यु के प्रमाण पत्र सीआरडी. विभाग मे उपलब्ध है

तिथि व हस्ताक्षर
ATE & INITIALS

बताई गई जांचें व उपचार
TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

MEDICAL RECORD DEPARTMENT
Room No 1023
Sr. No 60
01 DEC 2023
Sign
PGIMER, CHANDIGARH

Adv

T. Drytaxyling
5/00
SOS

② T. Newcal SD
o—o

② T. ~~Dowry~~ Duphaston
o—o

④ S. Looz 15ml SOS.

R/A - USG Abd

4022 | CBC
LFT
PT / INR Profile
RFT

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS
No. 4025
05 FEB 2024
Sign.
PGIMER, CHANDIGARH

Wt ↓5kg → 100kg

4012
BP – 111/77
Pulse – 88
Ht – 169 cm
wt – 99 kg
SpO2 – 97

Bil 0.7/0.3
OT/PT 37/32
ALP 151
TP/Alb 6.1/3.0
AFP 2.36.

INR 1.15
PTI 89
Hb 12.2
Plt 99
TLC 5140

Grade III Ascites (+)

Review
Counselling Over GOLD

S/R Hep (Surg) for evaln DDLT

1. T. Dytor Plus 5/50 2 tab
0—0—½
OD
× 14 days

2. T. Rifagut 550mg BD
1—0—1

3. Syp. Looz 15ml 15/30

4. T. Newcal BD 1—0—1

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED

PL. SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS
No. ....
No. 4025
05 FEB 2024
Sign. ....
PGIMER, CHANDIGARH

Wt 95kg → 100kg

4012
BP - 111/77
Pulse - 88
Ht - 169 cm
Wt - 99 kg
SpO2 - 97

Bil 0.7/0.3
OT/PT 37/32
ALP 151
TP/Alb 6.1/3.0

INR 1.15
PT 18.87
Hb 12.2
Plt 99
TLC 5.40

AFP 2.36.

Grade III Ascites (+)

Adv
Counseling
OLT Adv

S/b [illegible] ([illegible]) for [illegible]

1. T. Dytor Plus 5/50 2 tab
○○—
OD
x 14days

2. T. Rifaximin 550mg BD
o—o

3. Syp. Looz [illegible]

4. T. Nexwal BD o—o

Pramod

तारीख व हस्ताक्षर DATE & INITIALS	TREATMENT AND INVESTIGATION ORDERS

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

Ceftriaxone
Augmentin

5. T. 5-610D
0—7

6 T - Benovic OD
0—7

ARD.SR

2 Livsource SD + 75 V
20

① TPCT Abd.

② Body. fat + CANS ← UEG4 electr
New OPD, 4th floor, 4008B room
Tuesday – 2PM

Dr Nipun

केवल जाँच के लिए / FOR INVESTIGATIONS ONLY
ऑनलाइन लैब रिपोर्ट वेबसाइट pgimer.edu.in / ors.gov.in पर उपलब्ध है
Lab test reports are available on website pgimer.edu.in / ors.gov.in

③ Blood inv.

④ 24h urine + Diet

⑤ full body Dexa Scan.

⑥ Fibroscan
⑦ Echo ← After ascites settle

4020

Prasad

नेहरू चिकित्सालय **NEHRU HOSPITAL**
स्नातकोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

201801483084 Cont... Date : 19 02-2024

Name : JATINDER BANSAL
Ph. No : 9646400201
Age/Sex : 56 Y/M
Father Name: Dal Chand
Address : 840SEC 17 PKL
Haryana India
Category : General
Department : Hepatology
Unit/Consit : Liver Clinic Referral/AD.ST.MPK.NV.
Room No : 4023
Amount(Rs) : NIL
Valid Days : Mon.Fr
Serial No : 16
Cont...

(8)

Y020

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS	

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED
Y012 BP - 113/72 mmHg PR - 88 Ht - 172 cm Wt - 90 kg SpO2 - 98	SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS To whol TPCT Abad. (6/2/2024) PG 222773 Gross ascites, L - 15cm, PV - 17.5mm No IHBRD, No SOL lesion S - 17cm, Left renal calculus - 3.5mm
Urinalysis - Pr - 71.10 Alt - 1197. Urea - 99.54 UA - 325.80 SE - 78.30 K - 102.70	CBC - 11.7/8.04/84 N 73.9 L 6.7 E 1 M 17.9 B 0.5 FBS - 84.4 SE - 136/5.26 RFT - 47.6/0.93 UA - 4.4

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पी.जी.आई में हुए जन्म तथा मृत्यु के प्रमाण पत्र सी.आर.डी. विभाग में उपलब्ध है।

नेहरु चिकित्सालय **NEHRU HOSPITAL**
स्नातकोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

201801483084 Cont... Date :19 02-2024

Name : JATINDER BANSAL
. No : 9646400201
Age/Sex : 56 Y/M Category : General
Father Name: Dal Chand
ddress : 840SEC 17 PKL
Haryana India
epartment : Hepatology
nit/Consult : Liver Clinic Referral/AD.ST.MPK.NV.
oom No : 4023
mount(Rs) : NIL
il Days : Non.F.
Serial No : 16
Cont...

8

4020

सामयिक निदान/तात्कालिक निदान **PROVISIONAL DIAGNOSIS**	

तारीख व हस्ताक्षर **DATE & INITIALS**	बताई गई जांचें व उपचार **TREATMENT AND INVESTIGATIONS ORDERED**

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

To whol

4012
BP - 113/72 mmHg
PR - 88
Ht - 172 cm
Wt - 90 kg
SpO2 - 98

TPCT Abd. (6/2/2024)
PG 222773
Gross ascites,
L - 15cm, PV - 17.5mm
No IHBRD, No sol lesion
S - 17cm
Left hand collaterals - 3.5mm

Urine -
Pr - 71.10
Cr - 1197.
Urea - 9954
UA - 325.80
SE - 78.30
K - 102.70

CBC - 11.7/8.04/84
N 73.9 L 6.7 E 1 M 17.9 B 0.5

FBS - 84.4 SE - 136/5.25
RFT - 47.6/0.93 UA - 4.4

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पी.जी.आई में हुए जन्म तथा मृत्यु के प्रमाण पत्र सी.आर.डी. विभाग में उपलब्ध है।

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Chol - 77.7
TG - 628
HDL - 37.7
LDL 27.1

Cal - 8.22

LFT - 0.99/0.58 | 22.4/21.9/64/6.05/8.8

Coag - 12.8/91/1.10 PLTk - 329

VitD - 23.7
cortisol - 369

HbA1c - 4.7
GH - 4.79
IGF1 - 35.7

full body Dexa scan T score - 0.6
Z score - -0.3
N

Fibroscan - Jun/2020 @ Fortis
LSM - 17.8
CAP - 324

ASMI - 8.91

Adv

NAFLD
A liver ward
2nd mallika.

AF

Tab Dc
Pregnal
Cl.

- Water 4L, 4 ton → 6 ...
- Rest ct same Rx

R/A Inv. 15 day OPD

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

1

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Chol - 79.7
TG - 628
HDL - 37.7
LDL 27.1

Cal - 8.22

LFT - 0.99/0.58 | 22.4/21.9/64/6.05/2.8

Coag - 12.8/91/1.10   PTH - 329

VitD - 23.7
cortisol - 369

HbA1c - 4.7
GH - 4.72
IGF1 - 35.7

full Body Dexa scan T score - 0.6
Z score - -0.3

fibroscan - Jun/2020 ⊖ fortis
LSM - 17.8
CAP - 324

ASMI - 8.91 N

Adv

AF T.C/ Dr Prayag Ch.

NNEDz
A Kiran ward
Dr malhotra.

- Wane c/s, [illegible] →
- Rest Ct same Rx

RA Inv. Endo OPD

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

DRUG
SUPPORT REGION
4023
28
Sign.
PGIMER, CHANDIGARH
Sign.
PGIMER, CHANDIGARH

Wt 84 kg.

3.3

AF - 4y3 taik
ADA
5.0
Pls 1.2 l/24
m13 0.5

Urine Hm
Blood Rt
S 1 ⊖

ADP 1.5
Bnl 99.

Date
- Ct Same day

- RIA 2 months
4/23 → (CBC/LFT/SERFT/PT-INR)

① Ist echo by Dr. Neelam, Advance Cardiac Centre, 1034 Room, Wednesday/Saturday (98768 36810)

② Fibroscan — 4032
Date.

तारीख व हस्ताक्षर DATE & INITIALS	TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

US/Fibroscan Appointment
Time 11:00 AM Date 22/03/24
Location: US Room/LICU
2nd [illegible] Hospital.

4009

ARC . SF

Fibroscan No. 4578
Date 22/03/24
LSM 19.0 kPa
IQR 25 %
CAP 273 (dB/m)

केवल जाँच के लिए / FOR INVESTIGATIONS ONLY
ऑनलाइन लैब रिपोर्ट वेबसाइट pgimer.edu.in/ors.gov.in पर उपलब्ध है।
Lab test reports are available on website pgimer.edu.in/ ors.gov.in

तारीख व हस्ताक्षर DATE & INITIALS	TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

US/Fibroscan Appointment
Time 11:00AM Date 22|02|24
Location: US Room/LICU
2nd [illegible] Nehru Hospital.

4009

ARC . SP

Fibroscan No. 4578
Date 22/03/24
LSM 19.0 kPa
IQR 25
CAP 273 (dB/m)

केवल जाँच के लिए / FOR INVESTIGATIONS ONLY
ऑनलाइन लैब रिपोर्ट वेबसाइट pgimer.edu.in/ors.gov.in पर उपलब्ध है।
Lab test reports are available on website pgimer.edu.in/ ors.gov.in

नेहरु चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

R No. : 2018 0148 3084 Date : 19 04-2024

ame : JATINDER BANSAL

Category : General

ge/Sex : 56 Y/M

[illegible]

Haryana India

[illegible] Liver Clinic Referral/[illegible] HPK.NV

Serial No : 39

4023

: Nil

Mon Fri

Cont. 4020

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS	

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जाँचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

Control for f/u

4/12

BP - 129/75
Pulse - 86
wt - [illegible] 83kg
SpO2 -
walk - 30 min Daily,
PA - [illegible]

← Ascites ↓
- S/c/[illegible]

Cont - CT drug.
- Contraceptive (A)

R.T. 03/02.
OF CT US/US
Prl US
P/pts 6.6/3.2

NAVR 120/56 [illegible]

Chol 124,
Tg 68
HDL 62
LDL 67

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पी.जी.आई में हुए जन्म तथा मृत्यु के प्रमाण पत्र सी.आर.डी. विभाग में उपलब्ध है।

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED
Note Diet on Sunday	SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

PT. 17·8
INR 1.45

Hb 12.3
RBS 87

TLC 4330

UGIE Gr I ×4 Col, Mild PHG
Duodenopathy

1. T. Dytor plus 5/50 1 OD →

2. T. Carca 3.125mg BD →

3. Rest at same Rx.

R/A 2 month

Blood ① CBC
Serum Cr
PT-INR

② Ultrasound whole Abdomen.

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

तारीख व
DATE &

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

PT. 17.8
INR 1.08

HB 12.3
RBS 87
TLC 4320

UGIE gr I x4 Col, Mild erc
Duodenopathy

1. T. Dytor plus 5/50 1OD →
2. T. Carca 3.125mg BD →
3. Rest of same Rx.

R/o 2 month

Blood ① CBC
Serum Cr
PT INR

② Ultrasound whole
Abdomen.

Note
Diet
on Sunday

① Ref
[illegible]

नेहरु चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

OUT PATIENT CARD

lo. : 2018 0148 3084 Date :14-06-2024

e : JATINDER BANSAL
No : 9646400201
/Sex : 56 Y/M Category : General
her Name: Dal Chand
ress : 840SEC 17 PKL
Haryana India
artment : Hepatology
t/Conslt: Liver Clinic Referral/AD.ST.MPK.N

4020

m No : 4023 Serial No : 31
unt(Rs) : NIL
t Days : Mon.Fri

10

Cont...

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS: Decomp. cirrhosis. Contd/

4m.

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED
30/4023 17 JUN 2024 ...R, CHANDIGARH	SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS BP 120/76 mmHg Pulse 86/min wt - 85kg Vit D - 26.3 HbA1c - 5.1 GH - 5.97 IGF1 - 100 SE - 135/5.87 Cal - 9. RFT - 47.3/0.77 UA - 4.9 LFT - $\frac{0.81}{0.40}$ | 48.7 | 49.4 | 131 | $\frac{7.12}{3.27}$ FBS - 116.4 PP - 105.4

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पी.जी.आई में हुए जन्म तथा मृत्यु के प्रमाण पत्र सी.आर.डी. विभाग में उपलब्ध है।

बताई गई जांचें व उपचार

TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Chol - 136

TG - ~~[illegible]~~ 76

HDL - 56.1

LDL - 75.7

CBC - 13.2 | ~~[illegible]~~ 5.66 | 94

N $_{74.4}$ L $_{12.9}$ E $_{1.9}$ M $_{10.4}$ B $_{0.4}$

Coag - 12.3 | 96 | 1.04 PTTK - 33.8

AFP - 3.67

USG (13|6|24)

L Ⓝ, 11cm, No SOL, nodular outline.

IHBRD - Ⓝ,

S - enlarged (15.7 cm)

PV - 13.5mm few collaterals ⊕.

FF - Mild.

Small anterior abdominal wall umbilical hernia c̄ defect measuring 12.2mm

बताई गई जांचें व उपचार
TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Chol - 136
TG - 76
HDL - 56.1
LDL - 75.7
CBC - 13.2 | 5.66 | 94
N 74.4 L 12.9 E 1.9 M 10.4 B 0.4
Coag - 12.3 | 96 | 1.04 · PTTK - 33.8
AFP - 3.67
USG (13|6|24)

L Ⓝ, 11cm, No SOL, nodular outline.
IHBRD - Ⓝ,
S - enlarged (15.7 cm.)
PV - 13.5mm few collaterals ⊕.
FF - mild.
Small anterior abdominal wall umbilical hernia c̄ defect measuring 12.2mm

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

carca stopped on 1/6/24.

Intolerant [illegible]

Adv

— Ct Carvel

— T. Dytorplus 5/10 1 tab OD

0 — x

RIA 2000

← CBC

SE/RFT

LFT

— Pt-r CASA

① TPGT Abd. — F

② blood test — F

③ 24 hour urine + Diet — F.

④ Body fat + CANS, test

मंगलवार, 2 बजे, 4th floor.

4008B Room

4 ECG Electrode

Prasad

[illegible] हस्ताक्षर
DR'S INITIALS

TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

MEDICAL RECORD DEPARTMENT
NCRD
Room No.
Sr No.
06 AUG 2024
Sign
PGIMER, CHANDIGARH

Yo12

Control | ~~[illegible]~~
· 6m f/u.

BP 110/67
Pulse – 60/-
Wt – 89kg

AFP – 3.14

CBC – 13.5/6.52/75
$N_{75.3}$ $L_{9.4}$ $E_{3.5}$ $M_{11.5}$

ProBNP – 21.09

VitD – 25.8

HbA1c – 4.5

GH – 4.19

IGF1 – 64.8

Chol – 142.1

TG – 91

HDL – 62.5

LDL – 68

Coag – 11.7/99/0.99 PTTK – 32.2

SE – 133/5.56

FBS – 108

RFT – 41.2/0.97

LFT – $\frac{1.05}{0.46}$ | 41.1 | 60.5 | 136 | $\frac{6.59}{8.47}$

UA – ?

TPCT PG338039 (5/8/24) –

केवल जाँच के लिए / FOR INVESTIGATIONS ONLY
आनलाइन लैब रिपोर्ट वेबसाइट pgimer.edu.in/ors.gov.in पर उपलब्ध है।
Lab test reports are available on website pgimer.edu.in/ ors.gov.in

Ca – 8.81

24 hour urine

Pr – 108
Cr – 1056.60
Urea – 21.36
UA – 470.40

C/d/c PHTN, LR4 ~5cm in seg II/
showing non rim APHE and appearing
isodense on portal venous/delayed phase
Mild Ascites

Adv
CT Rest [illegible]

– IR Cx (Dr [illegible])
NHPI / Radio ③①

NAC — PIVKA II / CA19.9
CEA – →

T. Pcm every [illegible].

Pramod

[illegible]

नेहरू चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

OUT PATIENT CARD

io. : 2018 0148 3084 Date : 16-08-2024
: JATINDER BANSAL
No : 9646400201
/Sex : 56 Y/M
ier Name: Dal Chand Category : General
ess : 840SEC 17 PKL
Haryana India
rtment : Hepatology
/Conslt: Liver Clinic Referral/AD.ST.MPK,NV,
No : 4023
nt(Rs) : 10/-
Days : Mon,Fri

Serial No : 34 4020

Renewal Parminder

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS	
तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचे व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

RO DEPARTMENT
19 AUG 2024
Sign
PGIMER, CHANDIGARH
4023

I/Rx
- S/o Sem SOL 12.5
- [illegible]
- PIVKA II (84) ↑ (<40) marked
CA 19.9 28 (<29)
CEA 1.97 (<4.7)

Adv
- Dynamic CECT Abdomen
+ DWI
+ CD Rom.

Prasad

~~जन्म तथा मृत्यु~~ का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पी.जी.आई. में हुए जन्म तथा मृत्यु के प्रमाण पत्र सी.आर.डी. विभाग में उपलब्ध है।

DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

Adv

- Date for TACE.
- T. Dytrospine 300
  1 0 1
  0 ⟶
- T. Rifabid 550mg BD
  0 — 0
- T. Newcil BD
  0 — 0
- Syp Lactihep 2 and hs
  —— '''
- T 5-fol OD
  0 ⟶
- T. Becozinc OD
  0 ⟶
- Livcome 3tsf hs
  —— '''

D Nithin

- [illegible]
- Opinion of [illegible] ON
  12/day
  (TACE Fx
  ON,

Dr Vinod's

Pt Admit for ON 10/4

DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Adv

- Date for TPLF.
- T. Dytroxpine 300
  TDS
  0 ⟶
- T. Rifabid 550mg BD
  0 — 0
- T. Newcal BD
  0 ⟶
- Syp Lactihep 20ml HS
  — III
- T 5-fol OD
  0 ⟶
- T. Becozinc OD
  0 ⟶
- Livcome 2tsp HS
  — III

Dr Nikhil

- Propranolol
- Optimizing of [illegible] OW
  12/day

TACE fb
OK,

Nursing

Pt Admit for OT w/u

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

53/6023

23 AUG 2024

PGIMER CHANDIGARH

BP – 110/70 mmHg
Pulse – 80/min
Wt – 88kg
SpO_2 – 99%

13/6023

26 AUG 2024

PGIMER CHANDIGARH

MR Upper Abdomen c̄ contrast (20/8/24)

Cld c̄ PHT,
Altered signal intensity lesion showing non rim arterial hyperenhancement, appears hypointense on portal venous and hepatic venous phase in seg IV/VIII. No definite washout seen. No definite capsule formation seen on delayed phase – LR4 lesion. (5.4×3.5×4 cm)

Proceed

Mild Ascites

तारीख व हस्ताक्षर DATE & INITIALS	TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

I/R Cy repeat
↓
to
- Disc Dr HANSA
- SOL Can be THAD
- Plan - CECT after 2 months
  - RIA 2 months
- T. Dytor plus 5/50 EOD
- Cont Rest Rx

CR
Nam
Ph.
Age
Fat
Add
Dep
Uni
Roo
Amo
Uni

ARD.SR

RIA 2 months

- CBC/ SE&Cr/ LFT
  PT-INR

केवल जाँच के लिए / FOR INVESTIGATIONS ONLY
ऑनलाइन लैब रिपोर्ट वेबसाइट pgimer.edu.in/ors.gov.in पर उपलब्ध है।
Lab test reports are available on website pgimer.edu.in/ ors.gov.in

- PIVKA II → NA
- AFP
- CECT Abdomen.

नेहरू चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

CR No : 2018 0148 1084 Date : 16-08-2024
Name : JATINDER BANSAL
Ph. No : 9646400201
Age/Sex : 56 Y/M Category : General
Father Name: Dal Chand
Address : 840 SEC 17 PKL
Panchkula Haryana India
Department : Radiodiagnosis and Imaging
Unit/Consult : IRC-2/MK/NK/AL/AG/MS/UG/SBC
Room No : 31 Serial No : 19
[illegible] : PB1100821048 [illegible] : 10/
.Tue.Wed.Thu.Fri.Sat

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS	.Tue.Wed.Thu.Fri.Sat

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

IR notes +MH'B.

C/O c̄ portal HTN.

AVHL in left lobe of liver.

LR-5 lesion

No PVT

Mild ascites in pelvis

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पी.जी.आई. मे हुए जन्म तथा मृत्यु के प्रमाण पत्र सी.आर.डी. विभाग मे उपलब्ध है

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

AFP — Ⓝ

In view Ⓝ AFP.

Advised -

① f/u CEMRI abdomen c̄ DWI.

② PIVKA II

MEDICAL
Room No.
Sr. No.
23 AUG 2024
Sign
PGIMER, CHANDIGARH

IR notes

CEMRI [illegible]

There is focal triangular hyperenhancement of 9mm in seg VII

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

AFP — ↑

In view ↑ AFP.

Adviced -
① f/u CEMRI abdomen
c̄ DWI.

② PIVKA II

MEDICAL ...
Room No. ...
Sr. No. ...
23 AUG 2024
Sign ...
PGIMER, CHANDIGARH

IR notes

CEMRI summary

There is focal triangular hyperenhancement in seg VIII of liver

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

No washout

TPCT findings are in seg VII

overall, this appears to THAD related to perfusion

AFP-Ⓝ, PIVKA II - 84

Ad

CEMR abdomen (liver) Dynamic study after 2 month

review c̄ reports

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

No washout

TPCT similar area
in seg VII

overall, this appears
to THAD related
to perfusion

AFP-Ⓝ, PIVKA II - 84

Adv

- CEMR abdomen
(Liver) Dynamic study
after 2month

- Review c̄ reports

DEPARTMENT OF RADIODIAGNOSIS & IMAGING

P.G.I.M.E.R., CHANDIGARH

C.T. SCAN REPORT

Name:	JATINDER BANSAL			Age:	55 y	Sex:	M
CR No:	201801483084	Acc No:	PG222773	Ward / OP	OP		
Ref By:	Default Doctor (DefDoc)	Ph. No.	201801483084	Study Date:	06/02/2024 12:23PM		

** REPORT DETAILS **

Clinical history and findings: k/c/o CLD. To r/o HCC.

TRIPHASIC CECT abdomen (Acquired in 128 slice)

Protocol:-The study was performed by acquiring helical sections of the upper abdomen in the arterial phase from domes of diaphragm to the aortic bifurcation after administration of non-ionic IV contrast. Subsequently venous phase of the abdomen was performed from the level of domes of diaphragm to pubic symphysis. Helical sections of the upper abdomen were then acquired in the delayed phase. No contrast reaction seen.

Report:

This is a comparative report, comparison done with previous CT (PG125375) dated 26/08/2023.

- F/s/o chronic liver parenchymal changes with portal hypertension
- No arterial hyperenhancing observation in hepatic parenchyma on present scan.
- Gross ascites is seen - significant increase compared to previous scan.
- Previously present calculus in lower calyx of left kidney measures ~ 3.5 mm -no interval change in size or number.
- Rest of the findings are similar to the previous scan.

Impression: No arterial hyperenhancing observation in hepatic parenchyma on present scan.

Prepared by: Dr. Manit Kulariya (Senior Resident)

Report Status: Validated /Dr. Harish Bhujade

Dr. Harish Bhujade

Associate Professor

* This is an electronically verified report : Does not require a signature.

******End Of Report******

DEPARTMENT OF RADIODIAGNOSIS & IMAGING
P.G.I.M.E.R., CHANDIGARH
C.T. SCAN REPORT

Name:	JATINDER BANSAL						
CR No:	201801483084			Age:	55 y	Sex:	M
Ref By:	Default Doctor (DefDoc)	Acc No:	PG222773	Ward / OP		OP	
		Ph. No.	201801483084	Study Date:		06/02/2024 12:23PM	

**** REPORT DETAILS ****

Clinical history and findings: k/c/o CLD. To r/o HCC.

TRIPHASIC CECT abdomen (Acquired in 128 slice)

Protocol:-The study was performed by acquiring helical sections of the upper abdomen in the arterial phase from domes of diaphragm to the aortic bifurcation after administration of non-ionic IV contrast. Subsequently venous phase of the abdomen was performed from the level of domes of diaphragm to pubic symphysis. Helical sections of the upper abdomen were then acquired in the delayed phase. No contrast reaction seen.

Report:

This is a comparative report, comparison done with previous CT (PG125375) dated 26/08/2023.

- F/s/o chronic liver parenchymal changes with portal hypertension
- No arterial hyperenhancing observation in hepatic parenchyma on present scan.
- Gross ascites is seen - significant increase compared to previous scan.
- Previously present calculus in lower calyx of left kidney measures ~ 3.5 mm -no interval change in size or number.
- Rest of the findings are similar to the previous scan.

Impression: No arterial hyperenhancing observation in hepatic parenchyma on present scan.

Prepared by: Dr. Manit Kulariya (Senior Resident)
Report Status: Validated /Dr. Harish Bhujade

Dr. Harish Bhujade

Associate Professor

* This is an electronically verified report : Does not require a signature.

******End Of Report******

रीख हस्ताक्षर
ATE & INITIALS

बताई गई जांचें व उपचार

TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

5/4023

23 AUG 2024

BP - 110/70 mmHg
Pulse - 80/min
Wt - 88kg
SpO_2 - 99%

13/4023

26 AUG 2024

MR Upper Abdomen c̄ contrast
(20/8/24)

C/o c̄ PHT,
Altered signal intensity lesion showing non rim arterial hyperenhancement, appears hyperintense on portal venous and hepatic venous phase in seg IV/VIII No definite washout seen. No definite capsule formation seen on delayed phase - LR4 lesion
(5.4X3.5X4 cm)

Mild
Ascites

तारीख व हस्ताक्षर DATE & INITIALS	TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

VIII Cy Repeat

↓

- D/w Dr HARISH
- SOL Can be THAD
- PJm - CEMC after 2mon
  - RIA 2000mg
- T. Dytor plus 5/50 EOD
- Cst Rest Rx

ARD. SR

RIA 2000mg

- CBC/SERUM/LFT
  PT-INR

केवल जाँच के लिए / FOR INVESTIGATIONS ONLY
ऑनलाइन लैब रिपोर्ट वेबसाइट pgimer.edu.in/ors.gov.in पर उपलब्ध
Lab test reports are available on website pgimer.edu.in/ ors.gov.i

- PIVKA II → NA
- AFP
- USG/R Abdomen.

CR
Na
Pr
Ag
Fa
Ac
De
Ur
Rc
Ar
U.

नेहरु चिकित्सालय NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम् अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

No. : 2018 0148 3084 Date :04-11-2024
e : JATINDER BANSAL
No : 9646400201
/Sex : 56 Y/M Category : General
her Name: Dal Chand
ress : 840SEC 17 PKL
Haryana India
artment : Hepatology
t/Conslt: Liver Clinic Referral/AD.ST.MPK.NV.

n No : 4023 Serial No : 22
unt(Rs) : NIL
t Days : Mon.Fri Cont...

4020
Parminder
12

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS	D	Cirrhosis

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जाचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR EQUIVALENT GENERIC DRUGS

Control
9mf | 4.

4012 BP 106/68
Pulse 86/-
Weight 90 Kg
SpO$_2$

inv @ 20/10/2024

CBC – 13.6 | 5.90 | 83

N$_{71.1}$ L$_{15.1}$ E$_{3.2}$ M$_{9.8}$ B$_{0.8}$

LFT – $\frac{0.85}{0.33}$ | 46.8 | 45.2 | 166 | $\frac{6.97}{3.82}$

SE – 134 | 4.98 Cal – 8.86

RFT – 53.7 | 1.00 UA – 5

ACP – 3.15 Vit D – 27.7

HbA1c – 4.6 G4 – 2.07

67

जन्म तथा मृत्यु का पंजीकरण 21 दिन के अन्दर करवाना अनिवार्य है।
पी.जी.आई में हए जन्म तथा मृत्यु के प्रमाण पत्र सी.आर.डी. विभाग में उपलब्ध है।

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORD

SUPPLY FOLLOWING DRUGS O
EQUIVALENT GENERIC DRUG

IGF1 - 79.5   FBS - 117.3
Chol - 138.2   LDL - 73.7
HDL - 73.7   TG - 57.2

CEMRI (28/10/2024) Rg 34791

Cld, An LR-4 observation measuring ~4cm In seg II/III showing non Rim APHE and appearing Isointense on portal venous/ delayed phase

[redacted]
NH/I/Radio
(21) R.no
Dr N. Kalra
Cr Cp

?TACE → SOL

R/A ?/R
G.

Dr N

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS OR

SUPPLY FOLLOWING DRUGS O
EQUIVALENT GENERIC DRUGS

IGF1 - 79.5   FBS - 117.3

Chol - 138.2   LDL - 73.7

HDL - 73.7   TG - 57.2

CEMRI (28/10/2024) RG 34791

C/d, An LR4 observation measuring ~4cm In seg II/III showing non Rim APHE and appearing Isointense on portal venous/ delayed phase

?TACE → SOL

[redacted]
NH/I Radio
(21) R.no
Dr N. Kalra
Cr Cp

Pramod R1A IR
G

Dr

हस्ताक्षर INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

1/11/21 IR note ↓ Dr NK

Imaging reviewed, Pt assessed ↓ USG imaging [illegible] slight interval reduction in size of LR-H [illegible]. AFP-3.5, PIVKA-67- slightly decreased from previous report

Adv- f/u 2 month c̄ TPCT Abdomen = c̄ fresh PIVKA & AFP.

2 mo: AFP/ PIVKA II/ [illegible]

2 month c̄ ① TPCT Abd

② Blood test – CBC/ LFT/ SE/RFT/ INR/ AFP/ Lipid/ T4/ (GFI)

+ PIVKA II.

③ 24 hour urine test

④ Full Body Dexa Scan

⑤ Fibroscan

(6) Body fat + CANS, New OPD, 4th floor,

तारीख व हस्ताक्षर DATE & INITIALS	TREATMENT AND INVESTIGATION

K.B. Computer Stationery +91 98750 49975

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Pt | Diagnosis explained in [illegible] about ambiguity ~~[illegible]~~ and Inconclusive e/o the on Imaging. Keeping in view of Reduction in size by 1cm & fall in PIVKA II & (N) AFP & Pt Asymptomatic | weight (N)
Plan is to follow up c̄ Inv. & Imaging as advised c̄ ~~[illegible]~~ Hepatology & Radiologist.

ARD . SR

Plan:

[AFP | PIVKA II | USG - Abd - @ 1mo.

केवल जाँच के लिए / FOR INVESTIGATIONS ONLY
ऑनलाइन लैब रिपोर्ट वेबसाइट pgimer.edu.in/ors.gov.in पर उपलब्ध है।
Lab test reports are available on website pgimer.edu.in/ ors.gov.in

1 Pet Abdomen @ 2months
AFP | PIVKA II

...te 10:00am 17/11/24
...cation: ... Room ...

C/ Same Rx for 2months

3X9

Dr. 17/12/24
...... 21.9 ......
Med ...... 17 ......
...... 264 ......

Dr. [illegible]
6.12.2024

NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम अनुसंधान संस्थान, चण्डीगढ़
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

CR No. : 2018 0148 3084 Date :06-01-2025

Name : JATINDER BANSAL
Ph. No : 9646400201
Age/Sex : 56 Y/M Category : General
Father Name: Dal Chand
Address : 840SEC 17 PKL
Haryana India
Department : Hepatology
Unit/Conslt: Liver Clinic Referral/[illegible]K.NY.

Room No : 4023 Serial No : 28
Amount(Rs) : 10/-
Week Days : Mon-Fri
Renewal
13

सामयिक निदान/तात्कालिक निदान
PROVISIONAL DIAGNOSIS

तारीख व हस्ताक्षर
DATE & INITIALS

बताई गई जांचें व उपचार
TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Coubel gp/11.5 ~ followed

4012 - BP / P / SPO$_2$ / wt. / Ht.

BP - 105/68 mmHg

Wt 97kg

Ht 170cm

SpO$_2$ 98%

PR 88/min

NEHRU HOSPITAL
स्नातकोत्तर चिकित्सा शिक्षा एवम अनुसंधान संस्थान, चण्डीगढ़.
POSTGRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH
CHANDIGARH

बाहरी रोगी कार्ड OUT PATIENT CARD

CR No. : 2018 0148 3084 Date :06-01-2025

Name : JATINDER BANSAL
Ph. No : 9646400201
Age/Sex : 56 Y/M Category : General
Father Name: Dal Chand
Address : B40SEC 17 PKL
Harvana India
Department : Hepatoloov
Unit/Conslt: Liver Clinic Referral/[illegible] 4012

Room No : 4023 Serial No : 28 13
Amount(Rs) : 10/-
Week Days : Mon.Fri Renewal

सामयिक निदान/तात्कालिक निदान PROVISIONAL DIAGNOSIS	

तारीख व हस्ताक्षर DATE & INITIALS	बताई गई जांचें व उपचार TREATMENT AND INVESTIGATIONS ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC DRUGS

Coutsel gp/115 - followed

4012 - BP/P/SPO$_2$/wt./Ht.

BP - 105/68 mmHg

Wt 97 kg
Ht 170 cm
SpO$_2$ 98%
PR 88/min

TPCT @ 2/1/25, PG 424449

C/d c̄ PHT,
No hypervascular observation detected
Mild Ascites ✓
Rest of findings are comparable to previous MRI dt 28/10/24, PG 347916

Full Body Dexa Scan –
T score = −0.9
Z score = −0.6] Ⓝ
ASMI – [illegible] 7.10

5/1/25 → DCP – 51 ↓ (Range <40)
3/12/24 → DCP → 69

HDL – 68.3
LDL – 92
TG – 73.8
Chol – 160.4

RFT – 32.3/0.72
SE – 132/4.6

तारीख व हस्ताक्षर
DATE & INITIALS

[illegible]
TREATMENT AND INVESTIGATION ORDERED

SUPPLY FOLLOWING DRUGS OR
EQUIVALENT GENERIC PRODUCTS

LFT- 0.83/0.33 | 43.4 | 42.7 | 167 | 6.97/3.65

CBC- 13.4 | 4.50 | 77

$N_{74.4}$ $L_{12.0}$ $E_{2.7}$ $M_{10.7}$ $B_{0.7}$

HbA1c- 4.4

AFP- 3.21

24 hour urine pr- 81

Coag- 13.8 | 81 | 1.23

GH - 2.25

IGF1 - 65.9

Ft

Imp - No e/o HCC on Imaging
- DCLD [illegible]
- [illegible] mild Ascites

- T. Dytor plus 5/50 1-0-0
o → x x 7d

- ct Rest Rx
twice [illegible]

Adv

Q 1A Sorafenib

PTHNC

Adv | [illegible] | [illegible] Abdomen | CR | SERUM | LFT

FibroScan

Examination report

INSTITUTION

FORTIS HOSPITAL
SECTOR 62
PHASE-VII
160062 MOHALI

PATIENT

Last name BANSAL
First name JATINDER
Code 12117243
Birth date 1967-02-08
Gender Male
Referring physician SELF

EXAMINATION

Date and time 2022-11-12 12:53:45
Operator GURJANT SINGH
Device Fibroscan 502TOUCH F60364
Probe XL 9 00376
Examination XL (Liver)
Number of valid measurements 10
Number of invalid measurements 0
Success rate 100%

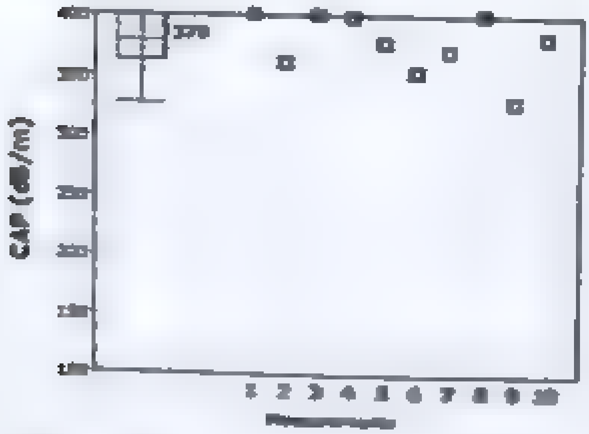
CAP (dB/m)

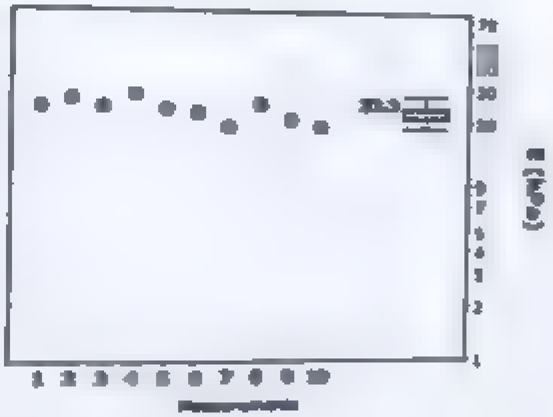
Median	379
IQR*	38
IQR*/med	10 %

E (kPa)

Median	22.3
IQR*	3.2
IQR*/med	14 %

*IQR: interquartile range





Comment

CAP measurement (Fatty Liver/ Steatosis) - Value is 379 (db/m) S3- Grade Steatosis (>67%)

E, Elasticity measurement (Liver Stiffness) - Value is 22.3 kPa – F3-F4 Fibrosis

Probes must be calibrated every six months in order to maintain the performance characteristics of the device. FibroScan® is a medical diagnostic tool. The examination must be carried out by a certified operator. The result must be interpreted by a practitioner who is a liver specialist, according to the clinical context of the illness and taking into account the number of valid measurements, their scatter (IQR), and the success rate. www.echosens.com

oScan

m details

PATIENT

Last name BANSAL

First name JATINDER

Code 12117243

Birth date 1967-02-08

Gender Male

Referring physician SELF

Date and time 2022-11-12 12:53:45

Operator GURJANT SINGH

CAP
400 dB/m

E
22.8 kPa

CAP
359 dB/m

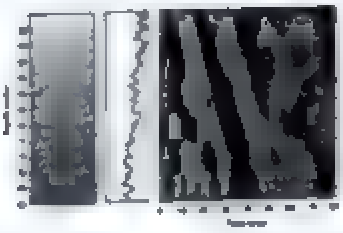
E
25.1 kPa

CAP
400 dB/m

E
22.8 kPa

CAP
297 dB/m

E
26.3 kPa



CAP
376 dB/m

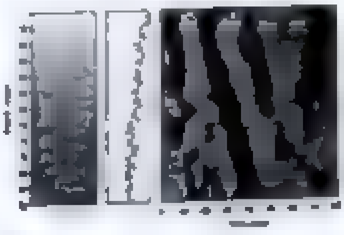
E
21.8 kPa

CAP
351 dB/m

E
21.3 kPa

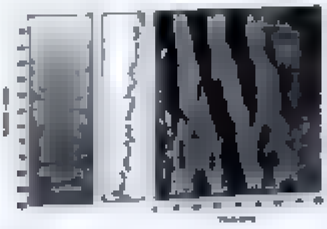
CAP
369 dB/m

E
18.0 kPa



CAP
400 dB/m

E
23.4 kPa



CAP
327 dB/m

E
19.6 kPa

Probes must be calibrated every six months in order to maintain the performance characteristics of the device. FibroScan® is a medical diagnostic tool. The examination must be carried out by a certified operator. The result must be interpreted by a practitioner who is a liver specialist, according to the clinical context of the exam and taking into account the number of valid measurements, their quality (IQR), and the success rate. www.echosens.com

DEPARTMENT OF RADIODIAGNOSIS & IMAGING
P.G.I.M.E.R., CHANDIGARH
C.T.SCAN REPORT

Name Jatinder Bansal	CR No.- 201801483084	CT No M 20130/22
Age: 54	Adm. No	Prev CT No.
Sex. male	OPD/ Ward	Ref by
No of Films used	Phone 9646400201	Date 9-11-22

Clinical history and findings: H/O NASH associated compensated liver cirrhosis To look for HCC

TRIPHASIC CECT abdomen (Acquired in 128 slice)

Protocol :-The study was performed by acquiring 5mm helical sections of the upper abdomen in non contrast phase followed by arterial phase in dual energy mode after administering 80ml of non ionic IV contrast at the rate of 4 ml/sec and neutral oral contrast 10 mm helical sections with a pitch of 0 6 from domes of diaphragm till pubic symphysis were acquired in portal venous phase 5mm helical sections of the upper abdomen were then acquired in delayed phase There was no contrast reaction.

Report :

- Liver measures ~ 16 2 cm in craniocaudal span and shows heterogeneous attenuation & surface irregularity There is relative hypertrophy of caudate lobe of liver with widening of fissures & gall bladder fossa No arterial phase hyperenhancing lesion is seen in liver Portal vein is dilated and measures ~ 16mm at porta & is patent No IHBRD is seen Multiple collaterals are seen in gastrohepatic, perigastric, peripancreatic & perisplenic locations.
- Gall bladder is distended and show diffuse mural edema. CBD is not dilated.
- Spleen measures ~ 18.3 cm in craniocaudal span and shows normal attenuation. No focal lesion seen.
- Pancreas is normal in bulk and attenuation. No focal lesion seen. MPD is not dilated.
- Bilateral kidneys are normal in size (RK ~13 2 cm , LK ~ 12 4 cm) and show normal outline and nephrographic density Note is made of exophytic cyst (Bosniak I) in upper pole region.A calculus~5 mm is seen at lower polar calyx of left kidney Bilateral PCS are compact. B/l ureters are not dilated.
- Bilateral adrenal glands are normal in size and attenuation. No mass lesion is seen.
- The bowel loops are grossly unremarkable.
- Atherocalcific changes are seen in abdominal aorta and b/l common iliac arteries IVC, SMA, SMV and SPA are normal.
- No ascites is seen Mild haziness of retropancreatic fat is seen along with mild thickening of bilateral anterior renal fascia
- Few subcentimetric lymphnodes are seen retroperitoneum/mesentery
- Urinary bladder is distended and normal.
- Prostate & bilateral seminal vesicles are normal.
- Visualised bilateral lungs are normal.
- Mild degenerative changes are seen in lumbar spine.

Impression:

- Liver parenchymal disease with portal hypertension.
- No arterial phase hyper enhancing lesion.
- Left nephrolithiasis.
- Mild fat strandings of retropancreatic fat with mild thickening of bilateral anterior renal fascia (Adv – Lab correlation to r/o mild pancreatitis).

DrNainesh
Jr Resident

Senior Resident

DR.A.Lal Consultant

FibroScan

Examination report

INSTITUTION

FORTIS HOSPITAL
SECTOR 62
PHASE-VII
160062 MOHALI

PATIENT

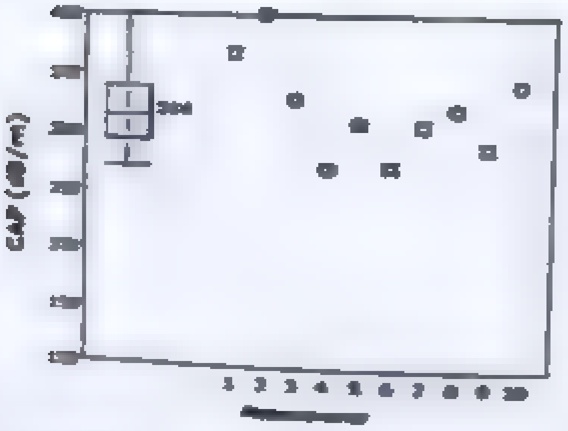
Last name BANSAL
First name JATINDER
Code 12117243
Birth date 1967-02-08
Gender Male
Referring physician SELF

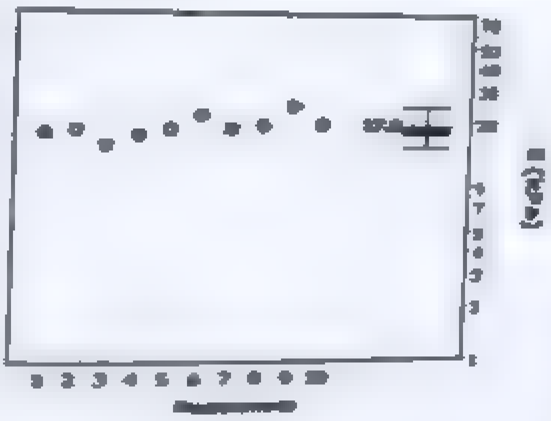
EXAMINATION

Date and time 2023-06-10 13:18:22
Operator GURJANT SINGH
Device Fibroscan 502TOUCH F60364
Probe XL 9 90376
Examination XL (Liver)
Number of valid measurements 10
Number of invalid measurements 0
Success rate 100%

CAP (dB/m)		**E** (kPa)	
Median	314	**Median**	17.8 ✓
IQR*	46	**IQR***	1.7
IQR*/med	15 %	**IQR*/med**	10 %

*IQR: Interquartile range





Comment

CAP measurement (Fatty Liver/ Stealosis) - Value is 314 (db/m) S3- Grade Steatosis (>67%)

E, Elasticity measurement (Liver Stiffness) - Value is 17.8 kPa - F4 Fibrosis

Probes must be calibrated every 6 months in order to maintain the performance characteristics of the device. FibroScan® is a medical diagnostic tool. The examination must be carried out by a certified operator. The result must be interpreted by a practitioner who is a liver specialist, according to the clinical context of the patient and taking into account the number of valid measurements, their scatter (IQR), and the success rate. www.echosens.com

2023-06-10T13:09:47

Report generated by FibroScan Desk Solution

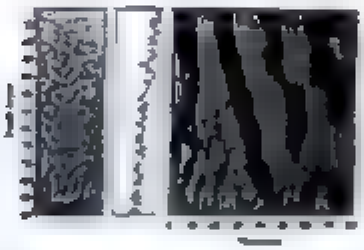
Page 1

Bansal

ATIENT

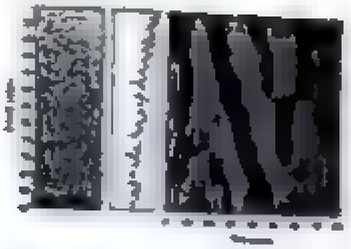
Last name **BANSAL**
First name **JATINDER**
Code 12117243
Birth date 1967-02-06

Gender Male
Referring physician SBJ
Date and time 2023-06-10 13:18:22
Operator GURJANT SINGH



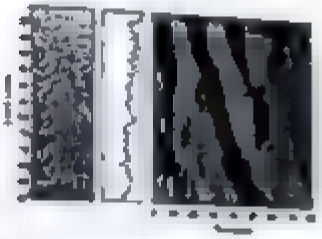
CAP
367 dB/m

E
16.9 kPa



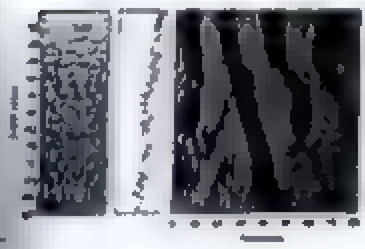
CAP
400 dB/m

E
17.3 kPa



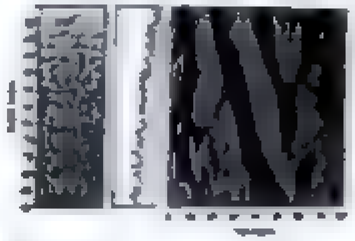
CAP
338 dB/m

E
14.9 kPa



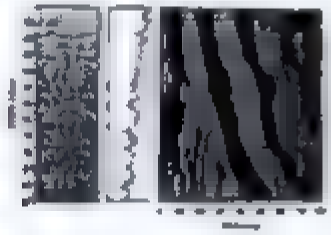
CAP
270 dB/m

E
16.3 kPa



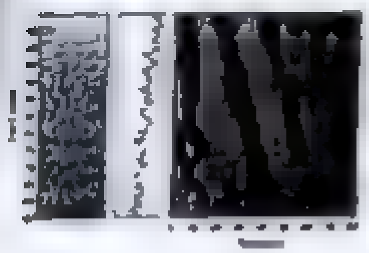
CAP
308 dB/m

E
17.6 kPa



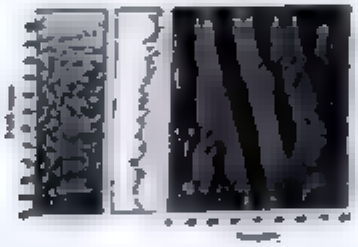
CAP
271 dB/m

E
20.9 kPa



CAP
305 dB/m

E
18.0 kPa



CAP
320 dB/m

E
18.4 kPa

CAP
288 dB/m

E
23.4 kPa

Probes must be calibrated every six months in order to maintain the performance characteristics of the device. FibroScan® is a medical diagnostic tool. The examination must be carried out by a certified operator. The result must be interpreted by a practitioner who is a liver specialist, according to the clinical context of the illness and taking into account the number of valid measurements, their scatter (IQR), and the success rate. [illegible]

2023-06-10T13:08:47

Postgraduate Institute of Medical Education & Research, Chandigarh

Department of Haematology

HAEMOGRAM REPORT

Patient Name	Jatinder Bansal	Lab ID no.	7201
Age/Sex	55 Yr/M	Dept./Unit	Hepatology-Liver Clinic Referral
CR number	201801483084	Ward/OPD	Hepatology-Liver Clinic Referral
Diagnosis		Referred by	
Specimen	Blood	Requisition date	22/07/2023

	Result	Reference Range
Haemoglobin, Hb (gm/dL)	11.6	13.5 - 17.5
Haematocrit / PCV (%)	34.4	41 - 53
Red cell count, RBC (x10^{12}/L)	3.98	4.5 - 5.9
Mean Corpuscular Volume, MCV (fl)	86.4	80 - 100
Mean Corpuscular Haemoglobin, MCH (pg)	29.1	26 - 34
Mean Corpuscular Hb Conc., MCHC (gm/dL)	33.7	31 - 37
Red Cell Distribution Width, RDW-CV (%)	15.7	11.0 - 14.5
Reticulocyte Count (%)	-	1.0 - 2.7
ESR (mm in 1st hour)	-	0 - 13
Platelet Count (x 10^{9}/L)	61	150 - 450
Total Leucocyte Count, TLC (x 10^{9}/L)	3.68	4.0 - 11.0

Differential Leucocyte Count

	Result	Reference Range		Result	Reference Range
Neutrophils (%)	66.0	41 - 72	Absolute Neutrophil Count (x 10^{9}/L)	2.43	1.8 - 7.7
Lymphocytes (%)	20.7	15 - 46	Absolute Lymphocyte Count (x 10^{9}/L)	0.76	1 - 4.8
Eosinophils (%)	3.3	0 - 6	Absolute Eosinophil Count (x 10^{9}/L)	0.12	0.1 - 1
Monocytes (%)	9.2	2 - 10	Absolute Monocyte Count (x10^{9}/L)	0.34	0.2 - 1
Basophils (%)	0.8	0 - 1	Absolute Basophil Count (x10^{9}/L)	0.03	0 - 0.2
Blasts (%)					
Promyelocytes (%)	-				
Myelocytes (%)	-				
Metamyelocytes (%)	-				
nRBC (per 100 WBC)	-				

Peripheral Smear / Comments

A blood film was not reviewed for this specimen as per departmental slide review rules. Please contact the laboratory if required validated by Dr Abhishek JR

Advice

-

Validated On 22-07-23 03:45 PM **Validated By** Snehvarsha Bhagat (Junior Resident)

Postgraduate Institute of Medical Education & Research
Chandigarh
Department of Biochemistry

Laboratory :OPD Clinical Biochemistry Lab

Sample ·Blood

CR No	: 201601483084		
Patient Name	: Jatinder Bansal	**Age/Sex**	56 Yr/M
Dept-Unit	: Hepatology-Liver Clinic Referral	**Req. Date**	22/07/2023
Ward/OPD	: OPD	**Clinician**	
Lab Sample No.	: 21141		
Diagnosis	:		

Investigation	Result	Unit	Standard Ranges
ALP	159 ·	U/L	42 - 128
Albumin	3.28 /	g/dL	3.4 - 4.8
Bilirubin (conjugated)	0.33	mg/dL	0 - 0.3
ALT	30.0	U/L	2 - 41
Protein total	6.04	g/dL	6.4 - 8.3
AST	29 6	U/L	2 - 40
Bilirubin (total)	0.56	mg/dL	0.2 - 1.2
CK-NAC	133	U/L	26 - 308
Sodium	141	mmol/L	135 - 145
Chloride	106	mmol/L	95 - 105
Potassium	4.7	mmol/L	3.5 - 5
Calcium	8.64	mg/dl	8.6 - 10.2
Cholesterol	125.0	mg/dL	150 - 200
LDL	62.8	mg/dL	- - <130
HDL-Chol	49.9	mg/dL	35 - 55
TG	79.6	mg/dL	60 - 200
Phosphorus	4.08	mg/dL	2.7 - 4.5
Lipase	43.5	U/L	13 - 60
Uric Acid	4.1	mg/dl	3.4 - 7.0
Amylase	117	U/L	28 - 100
Urea	27.0	mg/dL	10 - 50
Creatinine	0.90	mg/dL	0.5 - 1.2

Postgraduate Institute of Medical Education & Research

Chandigarh

Department of Haematology

Laboratory :Coagulation Lab **Sample :Blood**

CR No	: 201801483084		
Patient Name	: Jatinder Bansal	**Age/Sex**	: 55 Yr/M
Dept-Unit	: Hepatology-Liver Clinic Referral	**Req. Date**	: 22/07/2023
Ward/OPD	: OPD	**Clinician**	:
Lab Sample No.	: C-53		
Diagnosis	:		

Investigation	Result	Unit	Standard Ranges
PT	13.9	sec	10.0 - 13.0
PTI	83	%	80 - 100
INR	1.20	-	- - -
PTTK/APTT	36.7	sec	27.0 - 36.0

Spiral
CT & MRI Centre
(A Unit of K.K. Medicare Pvt. Ltd.)

Dr. Arun Gupta MD
(Consultant Radiologist)

Certificate No
MIS-2018-0070

PET -CT
1.5 Tesla MRI
Multislice CT
Fibro Scan
DEXA Bone Densitometery
Mammography and Dentascan
Ultrasonography including Doppler
Digital X-Rays & Complete Laboratory

PATIENT NAME	JATINDER BANSAL		
REFERRED BY	CIVIL HOSPITAL	DATE	26.07.2023
		AGE 56YRS	MALE

USG WHOLE ABDOMEN

CLINICAL PROFILE: DM, URINARY SYMPTOMS UNDER EVALUATION, PAST H/O LIVER AILMENT, UROLITHIASIS, PAST H/O ALCOHOL INTAKE.

IMPRESSION

11·7

- Liver is small in size with **Longitudinal span of Right lobe of liver as 117mm**. Diffuse coarse echotexture of liver parenchyma with nodular outline / high subphrenic location of right lobe of liver/vessel blurring is sequel to **CHRONIC LIVER PARENCHYMAL DISEASE.** Portal vein has diameter of 11.9mm. Hepatic veins are normal. Moderate splenomegaly (Longitudinal span of spleen is 158mm). Few porto-systemic types of collateral are appreciated in celiac axis region/splenic hilum/ pre-peritoneal planes. Moderate to gross ascites with no internal elements. GB wall is thick (11.3mm) edematous and there is increased echogenicity of the central mesentery and omentum (Reactionary). Note is made of striated echopattern of the pancreas with no probe tenderness over it. Relatively bulky symmetrical seminal vesicles on either side (Reactionary). Consider triple phase CECT UPPER ABDOMEN after RFT clearance to better assess the liver morphology/ LFT, Serum AFP, PIVKA correlation if clinically indicated.

- No sonogram evidence of Antral gastritis.
- Soft calculus of size 4.3x5.2mm in the left kidney lower pole region.

- **Borderline Grade II Prostatomegaly.** Benign diffuse borderline grade two prostate enlargement is appreciated. There is no pathological hypoechoic area in the prostate parenchyma. Mild dystrophic calcification in the prostatic parenchyma.

  Prostate volume: 36cc.
  Pre-void UB volume: 131cc.
  Post-void UB volume: 20cc.
  Consider – Correlation with PSA

- **Rest of the study is normal.**
  - Scanned gut is normal. No sonogram e/o mural edema or mucosal thickening. No probe tenderness in abdomen.
  - No sonogram e/o UTI/ Cystitis/ Pyelitis in the present scan.
  - No sonogram e/o abdomino-pelvic LAP.
  - No pleural effusion.

Please correlate clinically and with findings of other relevant investigations.
Not for medico legal purpose.

DR. RITESH MAHAJAN MD

Dr. Ritesh Mahajan
M.D. Radiodiagnosis
Regd. No. 31203

This is only a professional opinion of the imaging findings & not the final diagnosis. It needs correlation with clinical with clinical status & other relevant investigations also. Report is not valid for Medico-legal purpose.

The Normal Observations Are as Below

LIVER: liver as detailed else .... Intrahepatic biliary radicles are not dilated. No gross focal lesion noted. Right diaphragm shows normal excursion. Hepatic veins are normal.

PORTA: Portal vein is normal in caliber CBD is normal in caliber in traceable portion.

GALL BLADDER: as detailed else is well distended and shows no intraluminal echogenic foci/ sludge Pericholecystic region is normal.

PANCREAS: as detailed else it is normal in size shape, outline .
No mass lesion seen. No calcification seen in it. No e/o dilated pancreatic duct.

AORTA AND PARAAORTIC REGION: No LAP.

SPLEEN: as detailed else it is normal in shape/outline/echotexture Splenic hilum is normal.

RIGHT KIDNEY is normal in position size, shape & echotexture. Corticomedullary demarcation is well preserved. No calculus or hydronephrosis or gross mass seen. Mobility is normal. Hypertrophied column of bertin in right kidney interpole region.

LEFT KIDNEY as detailed else is normal in position size, shape & echotexture Corticomedullary demarcation is well preserved. No hydronephrosis or gross mass seen. Mobility is normal.

No obvious abnormality in visualized bowel loops.
Gut loops show normal peristalsis.

URINARY BLADDER: Well distended. Wall thickness is normal. No calculi /debris seen. fluid level seen.

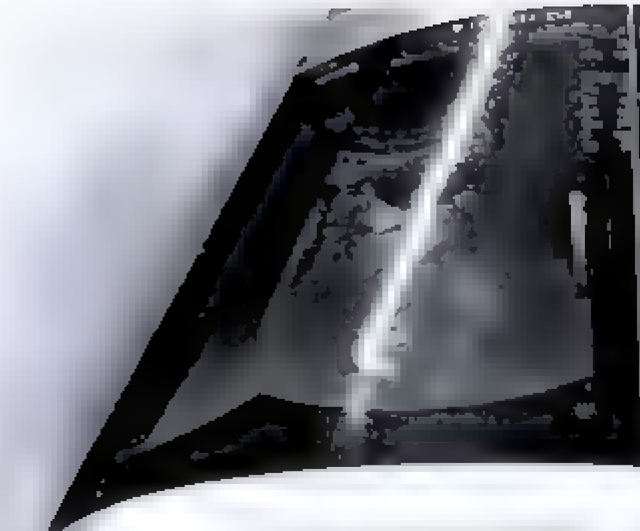
PROSTATE as detailed else is normal in shape, outline, and echotexture. It is well confined in it's capsule. No e/o capsular breach. Periprostatic region is normal.

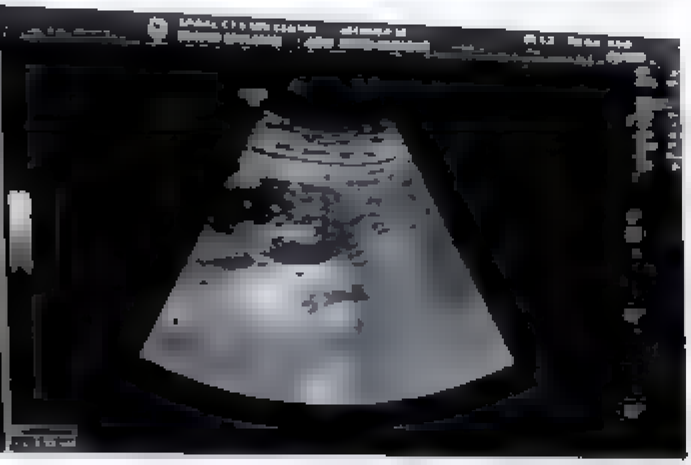
SEMINAL VESICLES Either side seminal vesicles are normal / symmetrical with no enlargement/ inhomogenoosity.

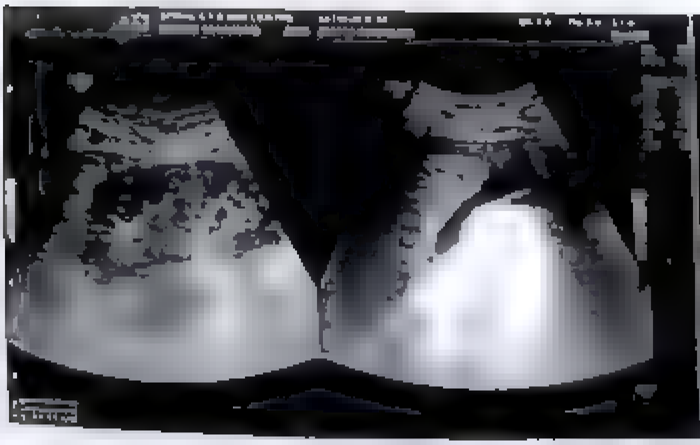
DR. RITESH MAHAJAN MD

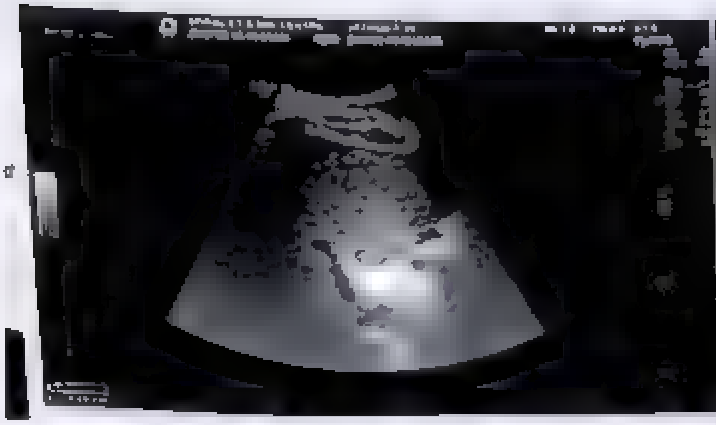
Dr. Ritesh Mahajan
M.D. Radiodiagnosis
Regd. No.: 31163

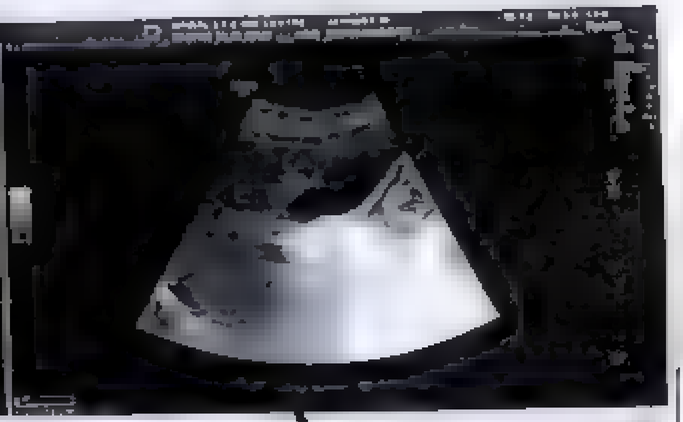
This is only a professional opinion of the imaging findings & not the final diagnosis. It needs correlation with clinical with clinical status & other relevant investigations also
Report is not valid for Medico-legal purpose.











Prasad

PGIMER

Sector 12, Chandigarh

Department of Hepatology

Patient ID [illegible]0148 3084

Patient Name [illegible]der bansal

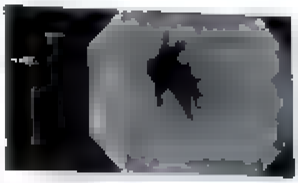
Age /Gender : 55Yrs, Male

Visit Date 10/08/2023

Referred by : Dr NV

Consulted by Dr Akash/Dr NV

UPPER GI ENDOSCOPY Report



Premedication

Esophagus : Grade I x4 col, no RCS

OG Junction : 40CMS

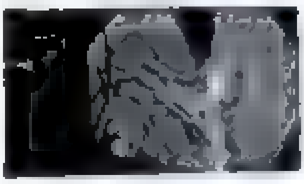
Stomach :

Fundus : No GOV, mild PHG

Body : Mild PHG

Antrum : Early GAVE

Pylorus : Normal



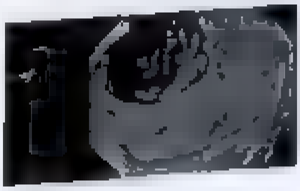
Duodenum :

D1 : Duodenopathy

D2 : Duodenopathy

Biopsy : Not taken

Impression : Low risk esophageal varices, mild PHG, duodenopathy.



Prasad

Dr Akash/Dr NV

Captured/Free - www.[illegible].com

DEPARTMENT OF RADIODIAGNOSIS & IMAGING
P.G.I.M.E.R., CHANDIGARH
C.T. SCAN REPORT

Name.	JATINDER BANSAL			Age	55 y	Sex.	M
CR No	201801483084	Acc No:	PG125375	Ward / OP		OP	
Ref By	Default Doctor (DefDoc)	Ph. No.	201801483084	Study Date		26/08/2023 8 46AM	

**** REPORT DETAILS ****

Clinical history and findings: Decompensated liver cirrhosis, to rule out HCC.

TRIPHASIC CECT abdomen (Acquired in 128 slice)

Protocol:- The study was performed by acquiring helical sections of the upper abdomen in the arterial phase from domes of diaphragm to the aortic bifurcation after administration of non-ionic IV contrast. Subsequently venous phase of the abdomen was performed from the level of domes of diaphragm to pubic symphysis. Helical sections of the upper abdomen were then acquired in the delayed phase. No contrast reaction seen

Report:

- Liver measures 15 cm in craniocaudal span and shows heterogeneous attenuation & irregular outline There is relative hypertrophy of caudate lobe with widening of fissures. No hypervascular observation is seen. Mild perihepatic fluid is seen.
  Portal vein is dilated in calibre measuring ~ 17 5 mm. No IHBRD seen. The hepatic veins are normal. Multiple collateral channels are seen in peripancreatic, perisplenic, gastrohepatic, perigastric, and in omentum with recanalisation of umbilical vein.
- Gall bladder is distended and normal. CBD is not dilated
- Spleen is enlarged in size, measures 17 cm in craniocaudal span and shows normal attenuation. No focal lesion seen
- Pancreas is normal in bulk and attenuation. MPD is not dilated
- Bilateral kidneys are normal in size (Rt 12 cm, Lt 10 5 cm) and show normal outline and nephrographic density. Bilateral PCS are compact. Bilateral ureters are not dilated. A calculus (Avg 588 HU) measuring 3 5 mm is seen in lower pole calyx of left kidney. An exophytic cyst measuring 3x1 8 cm is seen at upper pole of left kidney.
- Bilateral adrenal glands are normal in size and attenuation. No mass lesion is seen
- The bowel loops are generally unremarkable
- Mild ascites is seen
- Atherocalcific changes are seen in abdominal aorta and its branches. IVC, SMV and SPA are normal.
- Mesenteric and retroperitoneum fat stranding is seen with few variable sized lymph nodes in retroperitoneum and mesentery, largest measuring 13 mm SAD at peripancreatic location.
- Urinary bladder is distended and normal.
- Prostate and b/l seminal vesicles are unremarkable
- Visualized lungs are unremarkable.
- Mild degenerative changes are seen in the visualized spine

Prasad

Impression:

Liver parenchymal disease with portal hypertension, mild ascites and splenomegaly.

Junior Resident **Senior Resident** **Consultant**

ARTMENT OF RADIODIAGNOSIS & IMAGING
P.G.I.M.E.R., CHANDIGARH
C.T. SCAN REPORT

me:	JATINDER BANSAL			Age:	55 y	Sex:	M
R No:	201801483084	Acc No:	PG125375	Ward / OP	OP		
f By:	Default Doctor (DefDoc)	Ph. No.	201801483084	Study Date:	26/08/2023 8.46AM		

No hypervascular observation in liver.

Left nephrolithiasis.

This report is dictated by Dr Anuj, Senior Resident Radiology.

Prepared by: Dr. Anuj Kumar (Senior Resident)

Report Status: Validated /Dr. Anindita Sinha

Dr. Anindita Sinha

Professor

- This is an electronically verified report : Does not require a signature.

******End Of Report******

DEPARTMENT OF RADIODIAGNOSIS & IMAGING

P.G.I.M.E.R., CHANDIGARH

C.T. SCAN REPORT

Name:	JATINDER BANSAL			Age:	55 y	Sex:	M
CR No:	201601483084	Acc No:	PG338039	Ward / OP		OP	
Ref By:	Default Doctor (Def/Doc)	Ph. No.	201601483084	Study Date:		05/08/2024 9.25AM	

** REPORT DETAILS **

Clinical history and findings: Case of decompensated liver cirrhosis. To rule out HCC.

TRIPHASIC CECT abdomen (Acquired in 128 slice)

Protocol:-The study was performed by acquiring helical sections of the upper abdomen in the arterial phase from domes of diaphragm to the aortic bifurcation after administration of non-ionic IV contrast. Subsequently venous phase of the abdomen was acquired from the level of domes of diaphragm to pubic symphysis. Helical sections of the upper abdomen were then acquired in the delayed phase. No contrast reaction seen.

Supervising SR: Dr. Sonam

Report:

(Comparative report made with previous CT dated: 6/2/24, PG 222773)

- Features of chronic liver parenchymal disease with portal hypertension are again identified.
- An LR 4 observation measuring ~5 cm is seen in segment II/III showing non rim APHE and appearing isodense on portal venous/delayed phases is seen (Interval reduction) *(New finding)*
- Mild ascites is seen. *(Interval reduction)*
- Rest of the findings are comparable to the previous scan.

This report is dictated by Dr. Abdul, Junior Resident, Radiology

Prepared by: Dr. Abdul Rouf (Junior Resident)
Report Status: Validated /Dr. Ajay Gulati

Dr. Ajay Gulati

Professor

* This is an electronically verified report · Does not require a signature.

******End Of Report******

MR - Upper Abdomen With Contrast

Patient Name	JATINDER BANSAL	Age	57Yr
Patient ID	ARH184019	Sex	Male
Referral Dr	Dr. PGI HEPATOLOGY	Report Date Time	20 Aug 2024 1:37pm
Study Date Time	20 Aug 2024 9:50am		

P/S. The above demographics, clinical details / history & images (DICOM) provided from front office / radiology staff of the concerned radiology center. Observations / opinion is based on above provisions and is individual in nature. Patient identity not verified.

Equipment: 1.5T MR Scanner.

TECHNIQUE:

HASTE T2 Axial & Coronal Post contrast dynamic images

STIR Axial, T1W Axial, TRUFI Axial

T2W Axial – lower abdomen

OBSERVATION:

Liver - measures 12.4 cm in craniocaudal span with hypertrophy of left and caudate lobe. Margins appears nodular with widening of fissures.

Altered signal intensity lesion with ill-defined margins appearing hyperintense on T2 STIR images, hypointense on T1Wt imaging and appears mildly hyperintense on DWI images with no significant drop off of signal on ADC images in segment IV and VIII measuring approximately 5.4 x 3.5 x 4 cm. On post-contrast study the lesion shows arterial hyperenhancement, appears hyperintense on portal venous and hepatic venous phase. No definite washout seen. No definite capsule formation seen on delayed phase.

Middle hepatic vein is seen traversing through the lesion and is on very well visualised.

Portal vein measures 15 mm at porta and is well opacified with contrast. No evidence of portal venous thrombosis.

Rest of the Hepatic veins and IVC appears normal.

Coeliac trunk, its branches appears normal.

The Intrahepatic biliary radicles are normal.

GB - is well distended and shows edematous walls—reactionary. No intraluminal filling defects seen.

CBD is not dilated.

Pancreas is normal in size and uniform intensity. Pancreatic duct is not dilated. No

Atulaya
HEALTHCARE
Imaging & Laboratories

T . 0172 4558888 / 99. 97795 99499
E . healthcare@atulaya.com
W www.atulaya.com
CIN . U85100CH2011PTC033238
GST No. 04AAHCR5221N1ZA

MR - Upper Abdomen With Contrast

Patient Name	JATINDER BANSAL		
Patient ID	ARH184019	Age	57Yr
Referral Dr	Dr. PGI HEPATOLOGY	Sex	Male
Study Date Time	20 Aug 2024 9.50am	Report Date Time	20 Aug 2024 1.37pm

P/S. The above demographics, clinical details / history & images (DICOM) provided from front office / radiology staff of the concerned radiology center. Observations / opinion is based on above provisions and is individual in nature. Patient identity not verified.

Equipment: 1.5T MR Scanner.

TECHNIQUE:

HASTE T2 Axial & Coronal Post contrast dynamic images

STIR Axial, T1W Axial, TRUFI Axial

T2W Axial – lower abdomen

OBSERVATION:

Liver - measures 12.4 cm in craniocaudal span with hypertrophy of left and caudate lobe. Margins appears nodular with widening of fissures.

Altered signal intensity lesion with ill-defined margins appearing hyperintense on T2 STIR images, hypointense on T1Wt imaging and appears mildly hyperintense on DWI images with no significant drop off of signal on ADC images in segment IV and VIII measuring approximately 5.4 x 3.5 x 4 cm. On post-contrast study the lesion shows arterial hyperenhancement, appears hyperintense on portal venous and hepatic venous phase. No definite washout seen. No definite capsule formation seen on delayed phase.

Middle hepatic vein is seen traversing through the lesion and is on very well visualised.

Portal vein measures 15 mm at porta and is well opacified with contrast. No evidence of portal venous thrombosis.

Rest of the Hepatic veins and IVC appears normal.

Coeliac trunk, its branches appears normal.

The Intrahepatic biliary radicles are normal.

GB - is well distended and shows edematous walls—reactionary. No intraluminal filling defects seen.

CBD is not dilated.

Pancreas is normal in size and uniform intensity. Pancreatic duct is not dilated. No

MR - Upper Abdomen With Contrast

Patient Name	JATINDER BANSAL		
Patient ID	ARH184019	Age	57Yr
Referral Dr	Dr. PGI HEPATOLOGY	Sex	Male
Study Date Time	20 Aug 2024 9:50am	Report Date Time	20 Aug 2024 1.37pm

calcifications or mass is seen.

Spleen is enlarged in size, measures 18 cm.

Both kidneys are normal in size. No focal lesion / hydronephrosis noted.

No mass seen in the region of adrenals.

There is no retroperitoneal lymphadenopathy. No obvious bowel dilatation seen.

The urinary bladder is partially distended. No diverticulum or calculus is seen.

Prostate is normal for the age.

Mild ascites seen.

Fat stranding seen in mesentery.

IMPRESSION:

- **Chronic liver disease with features of portal hypertension**
- **Altered signal intensity lesion showing non rim arterial hyperenhancement, appears hyperintense on portal venous and hepatic venous phase in segment IV/ VIII. No definite washout seen. No definite capsule formation seen on delayed phase.—LR4 Lesion**

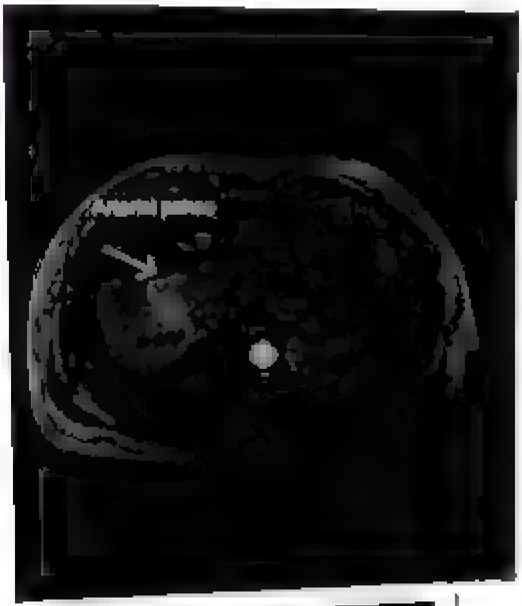
Suggested Clinical, serum alpha foetoprotein correlation and further evaluation.

Pathania.

Dr. Kusum Pathania
Consultant Radiologist
Reg. No. - 50078
For Atulaya Healthcare

MR - Upper Abdomen With Contrast

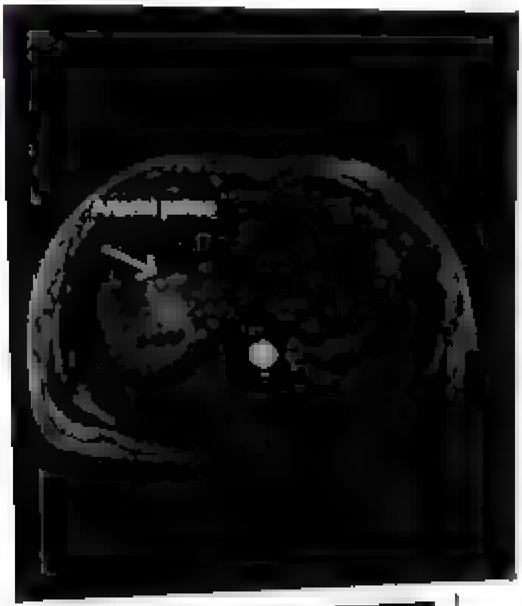
Patient Name	JATINDER BANSAL		
Patient ID	ARH184019		
Referral Dr	Dr. PGI HEPATOLOGY	Age	57Yr
		Sex	Male
Study Date Time	20 Aug 2024 9.50am	Report Date Time	20 Aug 2024 1:37pm



Hepatobiliary phase

MR - Upper Abdomen With Contrast

Patient Name	JATINDER BANSAL		
Patient ID	ARH184019		
Referral Dr	Dr. PGI HEPATOLOGY	Age	57Yr
		Sex	Male
Study Date Time	20 Aug 2024 9.50am	Report Date Time	20 Aug 2024 1:37pm



Postgraduate Institute of Medical Education & Research
Chandigarh
Department of Biochemistry

Laboratory :OPD Clinical Biochemistry Lab **Sample :**Blood

CR No	: 201601483084		
Patient Name	: Jatinder Bansal	**Age/Sex**	: 56 Yr/M
Dept-Unit	: Cardiology-Unit 3	**Req. Date**	: 24/10/2024
Ward/OPD	: OPD	**Clinician**	:
Lab Sample No.	: 19706		
Diagnosis	:		

Investigation	**Result**	**Unit**	**Standard Ranges**
ALP	**166**	U/L	42 - 128
Albumin	3.82	g/dL	3.4 - 4.8
Bilirubin (conjugated)	**0.33**	mg/dL	0 - 0.3
ALT	**45.2**	U/L	2 - 41
Protein total	6.97	g/dL	6.4 - 8.3
AST	**46.8**	U/L	2 - 40
Bilirubin (total)	0.85	mg/dL	0.2 - 1.2
Sodium	**134**	mmol/L	135 - 145
Chloride	103	mmol/L	95 - 105
Potassium	4.98	mmol/L	3.5 - 5
Calcium	8.86	mg/dl	8.6 - 10.2
Cholesterol	**138.2**	mg/dL	150 - 200
LDL	73.7	mg/dL	- - <130
HDL-Chol	**73.7**	mg/dL	35 - 55
TG	57.2	mg/dL	50 - 200
Uric Acid	5.0	mg/dl	3.4 - 7.0
Urea	**53.7**	mg/dL	10 - 50
Creatinine	1.00	mg/dL	0.5 - 1.2

Postgraduate Institute of Medical Education & Research

Chandigarh

Department of Endocrinology

Laboratory : Endocrinology Laboratory **Sample :**Serum/Plasma

CR No : 201801483084

Patient Name : Jatinder Bansal **Age/Sex** : 56 Yr/M

Dept-Unit : Cardiology-Unit 3 **Req. Date** : 24/10/2024

Ward/OPD : OPD **Clinician** :

Lab Sample No. : 01376

Diagnosis :

Investigation	Result	Unit	Standard Ranges
25(OH)D3	27.7	ng/ml	11.1 - 42.9
Growth Hormone Basal	2.07	ng/ml	0.0 - 2.5
IGF-1	79.5	ng/ml	. - .

Postgraduate Institute of Medical Education & Research

Chandigarh

Department of Biochemistry

Laboratory :OPD Clinical Biochemistry Lab

Sample : Blood

CR No : 201801483084

Patient Name : Jatinder Bansal

Age/Sex : 56 Yr/M

Dept-Unit : Cardiology-Unit 3

Req. Date : 24/10/2024

Ward/OPD : OPD

Clinician :

Lab Sample No. : 19708

Diagnosis :

Investigation	**Result**	**Unit**	**Standard Ranges**
Glucose Fasting	**117.3**	mg/dL	70 - 110
Glucose (PP)	Sample not received	mg/dL	80 - 140

Postgraduate Institute of Medical Education & Research

Chandigarh

Department of Haematology

Laboratory : Coagulation Lab **Sample :**Blood

CR No	: 201801483084
Patient Name	: Jatinder Bansal
Age/Sex	: 56 Yr/M
Dept-Unit	: Cardiology-Unit 3
Req. Date	: 24/10/2024
Ward/OPD	: OPD
Clinician	:
Lab Sample No.	: C-04
Diagnosis	:

Investigation	Result	Unit	Standard Ranges
PT	12.8	sec	10.0 - 13.0
PTI	88	%	80 - 100
INR	1.14	-	* - *
PTTK/APTT	33.9	sec	27.0 - 36.0

Postgraduate Institute of Medical Education & Research, Chandigarh

Department of Haematology

HAEMOGRAM REPORT

Patient Name	Jatinder Bansal	Lab ID no.	7014
Age/Sex	56 Yr/M	Dept./Unit	Cardiology-Unit 3
CR number	201801483084	Ward/OPD	Cardiology-Unit 3
Diagnosis		Referred by	
Specimen	Blood	Requisition date	24/10/2024

	Result	Reference Range
Haemoglobin, Hb (gm/dL)	13.6	13.5 17.5
Haematocrit PCV (%)	39.8	41 53
Red cell count, RBC (x10^{12}/L)	4.65	4.5 5.9
Mean Corpuscular volume, MCV (fl)	85.6	80 100
Mean Corpuscular Haemoglobin, MCH (pg)	29.2	26 34
Mean Corpuscular Hb Conc., MCHC (gm/dL)	34.2	31 37
Red Cell Distribution Width, RDW-CV (%)	15.2	11.0 14.5
Reticulocyte Count (%)		1.0 - 2.7
ESR (mm in 1st hour)		0 13
Platelet Count (x 10^9/L)	83	150 450
Total Leucocyte Count, TLC (x 10^9/L)	5.90	4.0 11.0

Differential Leucocyte Count

	Result	Reference Range		Result	Reference Range
Neutrophils (%)	71.1	41 72	Absolute Neutrophil Count (x 10^9/L)	4.19	1.8 7.7
Lymphocytes (%)	15.1	15 45	Absolute Lymphocyte Count (x 10^9/L)	0.89	1 4.8
Eosinophils (%)	3.2	0 6	Absolute Eosinophil Count (x 10^9/L)	0.19	0.1 1
Monocytes (%)	9.8	2 10	Absolute Monocyte Count (x10^9/L)	0.58	0.2 1
Basophils (%)	0.8	0 1	Absolute Basophil Count (x10^9/L)	0.05	0 0.2
Blasts (%)					
Promyelocytes (%)					
Myelocytes (%)					
Metamyelocytes (%)					
nRBC (per 100 WBC)					

Peripheral Smear / Comments

Note: This report is being released without smear review. Results should be interpreted only by authorized personnel. Please contact the lab, if required

Advice

Validated On	24-10-24 09:14 PM	**Validated By**	Chittapragada Venkat Shashidar(Junior Resident)

Postgraduate Institute of Medical Education & Research

Chandigarh

Department of Endocrinology

Laboratory : Endocrinology Laboratory **Sample :**Serum/Plasma

CR No	: 201801483084		
Patient Name	: Jatinder Bansal	**Age/Sex**	: 56 Yr/M
Dept-Unit	: Cardiology-Unit 3	**Req. Date**	: 24/10/2024
Ward/OPD	: OPD	**Clinician**	:
Lab Sample No.	: 01376		
Diagnosis	:		

Investigation	Result	Unit	Standard Ranges
25(OH)D3	27.7	ng/ml	11.1 - 42.9
HbA1c	4.6	%	3.8 - 5.9
Growth Hormone Basal	2.07	ng/ml	0.0 - 2.5
IGF-1	79.5	ng/ml	. - .

Postgraduate Institute of Medical Education & Research

Chandigarh

Department of Biochemistry

Laboratory : Biochemistry Special Test Lab **Sample :**Blood

CR No	: 201801483084		
Patient Name	: Jatinder Bansal	**Age/Sex**	: 56 Yr/M
Dept-Unit	: Cardiology-Unit 3	**Req. Date**	: 24/10/2024
Ward/OPD	: OPD	**Clinician**	:
Test	: Alfa Feto Protein	**Lab Sample No.**	: 536
Diagnosis	:		

Investigation	Result	Unit	Standard Ranges
Alfa Feto Protein	3.15	IU/ml	0 - 5.8

Name	: **Mr JATINDER BANSAL**			
Lab No.	169701303	**Age**	:	**57 Years**
Ref By	DR PGI	**Gender**	:	**Male**
Collected	: 2/12/2024 3:15:00PM	**Reported**	:	**3/12/2024 9:50:59AM**
A/c Status	P	**Report Status**	:	Final
Collected at	PSC PANCHKULA SCO-241, GF, SEC-20, PANCHKULA, HARYANA IND PANCHKULA	**Processed at**	:	LPL-NATIONAL REFERENCE LAB National Reference laboratory, Block E, Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units	Bio. Ref. Interval
DES-GAMMA CARBOXY PROTHROMBIN (DCP)/PIVKA II, SERU (CMIA)	**69**	mAU/mL	<40

Note:

1. Patient samples may contain heterophilic antibodies or mouse monoclonal antibodies that could react in Immunoassays to give a falsely elevated or depressed result
2. Results should always be interpreted in conjunction with the patient's medical history, clinical presentation and other findings
3. False low values may be observed in patients receiving vitamin K analogues
4. False high values may be observed in patients receiving vitamin K antagonists, antimicrobial drugs with diet low in vitamin K or in patients with ongoing alcohol intake

Comment:

Des-gamma carboxyprothrombin (DCP) also known as PIVKA II (Prothrombin induced by Vitamin K antagonist II) is an abnormal prothrombin that is increased in the sera of patients with Hepatocellular Carcinoma (HCC). Unlike AFP, it is not elevated in Chronic Liver Disease, Cirrhosis, pregnancy or Germ Cell Tumors. It is a complementary biomarker to AFP in HCC and increases the sensitivity (83%) and specificity (84%) for HCC when used in combination.

It is recommended to measure two or more different tumor markers (AFP, DCP or AFP L3) for the diagnosis of HCC at an early stage 1,2

DCP has also been found to correlate better with tumor size, histological grade, portal vein invasion and/or intrahepatic metastasis in patients with HCC

Usage:

1. Risk assessment of patients with Chronic Liver Disease for development of HCC
2. To aid in the diagnosis and prognosis of patients with HCC
3. To monitor therapeutic efficacy in patients with HCC

References:

1. Development of Evidence Based Clinical Guidelines for the diagnosis and treatment of Hepatocellular Carcinoma in Japan. *Hepatology Research 2008; 38: 37 - 51*
2. Prevention of Hepatocellular Carcinoma in the Asia - Pacific Region: Consensus Statements. *Journal of Gastroenterology and Hepatology 25 (2010) 657-663*

Name : Mr. JATINDER BANSAL
Lab No. : 169701303
Ref By : DR PGI
Collected : 2/12/2024 3:16:00PM
A/c Status : P
Collected at : PSC PANCHKULA
SCO-241, GF, SEC-20, PANCHKULA, HARYANA.
IND
PANCHKULA

Age : 57 Years
Gender : Male
Reported : 3/12/2024 9:50:52AM
Report Status : Final
Processed at : LPL-NATIONAL REFERENCE LAB
National Reference laboratory, Block E,
Sector 18, Rohini, New Delhi -110085

Test Report

Test Name	Results	Units	Bio. Ref. Interval

DMC - 67237
Dr Anjalika Goyal
MD,Biochemistry
Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

DMC - [illegible]
Dr Himangshu Mazumdar
MD, Biochemistry
Sr. Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

DMC - [illegible]
Dr Nimmi Kansal
MD, Biochemistry
Technical Director - Clinical
Chemistry & Biochemical Genetics
NRL - Dr Lal PathLabs Ltd

Richa
MCI NO: 15-19066
Dr Richa Singh
MD, Biochemistry
Sr. Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

-------------------------End of report -------------------------

IMPORTANT INSTRUCTIONS

*Test results released pertain to the specimen submitted *All test results are dependent on the quality of the sample received by the Laboratory *Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician *Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted *Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting *Test results may show interlaboratory variations *The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s) *Test results are not valid for medico legal purposes *This is computer generated medical diagnostic report that has been validated by Authorized Medical Practitioner/Doctor *The report does not need physical signature

(#) Sample drawn from outside source

If Test results are alarming or unexpected, client is advised to contact the Customer Care immediately for possible remedial action

Tel: +91 11-49885050,Fax: - +91-11-2788-2134, E-mail: lalpathlabs@lalpathlabs.com

National Reference lab, Delhi, a CAP (7171001) Accredited, ISO 9001:2015 (FS60411) & ISO 27001:2013 (616691) Certified laboratory

Postgraduate Institute of Medical Education & Research, Chandigarh

Department of Haematology

HAEMOGRAM REPORT

Patient Name	Jatinder Bansal	Lab ID no.	7034
Age/Sex	56 Yr/M	Dept./Unit	Radiodiagnosis and Imaging-IRC-2
CR number	201801483084	Ward/OPD	Radiodiagnosis and Imaging-IRC-2
Diagnosis		Referred by	
Specimen	Blood	Requisition date	26/12/2024

	Result	Reference Range
Haemoglobin, Hb ,gm/dL)	**13.4**	13.5 - 17.5
Haematocrit , PCV (%)	**38.6**	41 - 53
Red cell count, RBC ,x10^{12}/L)	**4.49**	4.5 - 5.9
Mean Corpuscular volume, MCV (fl)	86.0	80 - 100
Mean Corpuscular Haemoglobin, MCH (pg)	29.8	26 - 34
Mean Corpuscular Hb Conc., MCHC ,(gm/dL)	34.7	31 - 37
Red Cell Distribution Width, RDW-CV (%)	13.9	11.0 - 14.5
Reticulocyte Count (%)		1.0 - 2.7
ESR (mm in 1st hour)		0 - 13
Platelet Count (x 10^9/L)	**77**	150 - 450
Total Leucocyte Count, TLC ,x 10^9/L)	4.50	4.0 - 11.0

Differential Leucocyte Count

	Result	Reference Range		Result	Reference Range
Neutrophils (%)	**74.4**	41 - 72	Absolute Neutrophil Count (x 10^9/L)	3.35	1.8 - 7.7
Lymphocytes (%)	**12.0**	15 - 45	Absolute Lymphocyte Count (x 10^9/L)	**0.54**	1 - 4.8
Eosinophils (%)	2.7	0 - 6	Absolute Eosinophil Count (x 10^9/L)	0.12	0.1 - 1
Monocytes (%)	**10.2**	2 - 10	Absolute Monocyte Count (x10^9/L)	0.46	0.2 - 1
Basophils (%)	0.7	0 - 1	Absolute Basophil Count (x10^9/L)	0.03	0 - 0.2
Blasts (%)					
Promyelocytes (%)					
Myelocytes (%)					
Metamyelocytes (%)					
nRBC (per 100 WBC)					

Peripheral Smear / Comments

Note: This report is being released without smear review. Results should be interpreted only by authorized personnel. Please contact the lab, if required

Advice

Validated On	26-12-24 10:45 PM	**Validated By**	[illegible] (Junior Resident)

Postgraduate Institute of Medical Education & Research

Chandigarh

Department of Biochemistry

Laboratory :OPD Clinical Biochemistry Lab **Sample :**Urine

CR No	: 201801483084		
Patient Name	: Jatinder Bansal	**Age/Sex**	: 56 Yr/M
Dept-Unit	: Radiodiagnosis and Imaging-IRC-2	**Req. Date**	: 30/12/2024
Ward/OPD	: OPD	**Clinician**	:
Test	: Urinary Proteins(Quantitative)	**Lab Sample No.**	: 16905
Diagnosis	:		

Investigation	**Result**	**Unit**	**Standard Ranges**
Urine Protein	81.00	mg/TV	0 - 150

Postgraduate Institute of Medical Education & Research

Chandigarh

Department of Endocrinology

Laboratory : Endocrinology Laboratory **Sample :**Serum/Plasma

CR No	: 201801483084		
Patient Name	: Jatinder Bansal	**Age/Sex**	: 56 Yr/M
Dept-Unit	: Radiodiagnosis and Imaging-IRC-2	**Req. Date**	: 30/12/2024
Ward/OPD	: OPD	**Clinician**	:
Test	: HbA1c	**Lab Sample No.**	: 08531
Diagnosis	:		

Investigation	**Result**	**Unit**	**Standard Ranges**
HbA1c	4.4	%	3.8 - 5.9

Postgraduate Institute of Medical Education & Research

Chandigarh

Department of Endocrinology

Laboratory : Endocrinology Laboratory **Sample :**Serum/Plasma

CR No : 201801483084

Patient Name : Jatinder Bansal **Age/Sex** : 56 Yr/M

Dept-Unit : Radiodiagnosis and Imaging-IRC-2 **Req. Date** : 30/12/2024

Ward/OPD : OPD **Clinician** :

Test : Growth Hormone Basal **Lab Sample No.** : 08531

Diagnosis :

Investigation	Result	Unit	Standard Ranges
Growth Hormone Basal	**5.69**	ng/ml	0.0 - 2.5

Postgraduate Institute of Medical Education & Research

Chandigarh

Department of Endocrinology

Laboratory : Endocrinology Laboratory **Sample :**Serum/Plasma

CR No : 201801483084

Patient Name : Jatinder Bansal **Age/Sex** : 56 Yr/M

Dept-Unit : Radiodiagnosis and Imaging-IRC-2 **Req. Date** : 01/01/2025

Ward/OPD : OPD **Clinician** :

Lab Sample No. : 09126

Diagnosis :

Investigation	Result	Unit	Standard Ranges
Growth Hormone Basal	2.25	ng/ml	0.0 - 2.5
IGF-1	65.9	ng/ml	- - -

यूनियन बैंक ऑफ इंडिया Union Bank of India

अंतर कार्यालयीन पत्र / Inter Office Letter

प्रेषक: मानव संसाधन प्रबंधन विभाग क्षेत्रीय कार्यालय जूनागढ़	प्रति: महा प्रबन्धक मानव संसाधन प्रबंधन विभाग केन्द्रीय कार्यालय मुंबई

सं.Ref: RO/JUN/HRMD/1823/2023

दिनांक/ Date: 21.09.2023

Sub: Request of Transfer of Mr Pulkit Bansal PF No 775797 on medical ground of his father

Mr Pulkit Bansal PF No 775797 is working as Assistant Manager (RM) at Junagadh Regional Office from June 2022. Mr Pulkit has requested to transfer his service to Chandigarh Region due to undergoing treatment of cirrhosis a stage 3 liver disease characterized by irreversible scarring of the liver of his father.

We hereby forwarding his request of transfer to Chandigarh Region on medical grounds of his father and we recommend his request of transfer against suitable replacement.

Regional Head

To

16th September 2023

The General Manager
HR Department
Central Office
Union Bank of India

SUBJECT: Request for transfer to Chandigarh Regional Office on pressing medical grounds

I, Pulkit Bansal (PF BP775797), have been dedicatedly serving at the Regional Office in Junagadh, Gujarat since 13th June 2022. I am writing to formally request a transfer to the Chandigarh Regional Office due to pressing personal circumstances.

My father's health has been a cause of great concern since November 2022 when he was diagnosed with cirrhosis, a stage 3 liver disease characterized by irreversible scarring of the liver. He has been undergoing treatment at the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, and has been making frequent hospital visits ever since.

In May 2023, his condition worsened further as he was diagnosed with ascites, a condition where fluid accumulates in the abdominal cavity. Subsequently, in August 2023, the severity of ascites increased, leading to hospital visits almost every week. Multiple doctors have advised us to explore the possibility of a liver transplant as his condition continues to deteriorate. The constant medical attention required by my father has placed an immense burden on my mother, who herself is suffering from chronic migraines and is also receiving medical care at PGIMER, Chandigarh.

Given the gravity of their health issues and the lack of a support system in Chandigarh, it has become increasingly challenging for them to manage daily life and medical treatment on their own. In this critical situation, I am left with no choice but to request a transfer to the Chandigarh Regional Office under FGMO Chandigarh as I am the only son to take care of them.

I understand the importance of my role and responsibilities at my current location, but the well-being of my parents is also my priority at this juncture. I assure you of my commitment to continue serving our esteemed organization with the same dedication and diligence in Chandigarh as I have done in Junagadh.

I request your understanding and consideration of my circumstances. Your support in facilitating this transfer would enable me to provide the necessary care and assistance to my parents during this challenging time. It is my humble submission that my application for a posting in Chandigarh be considered sympathetically on humanitarian grounds so that I can fulfill my moral duty as a son and my professional duties towards our esteemed organization more efficiently.

In addition, I have attached a selection of pertinent medical records to this letter as a token of proof regarding my parents' ongoing health concerns and the treatment they have been receiving. I hope that these documents provide further clarity on the seriousness of the situation and reinforce the urgency of my request for a transfer. I hope that your thoughtful evaluation of my appeal will lead to a compassionate and favorable decision.

Thank you for your time and attention to this crucial matter.

Sincerely,

Pulkit Bansal

(BP775797)

Encl: Medical reports

यूनियन बैंक ऑफ इंडिया Union Bank of India

अंतर कार्यालयीन पत्र / Inter Office Letter

प्रेषक: मानव संसाधन प्रबंधन विभाग क्षेत्रीय कार्यालय जूनागढ़	प्रति: महा प्रबन्धक मानव संसाधन प्रबंधन विभाग केन्द्रीय कार्यालय मुंबई

सं.Ref: RO/JUN/HRMD/2236/2023

दिनांक/ Date: 11.09.2024

Sub: Request of Transfer of Mr Pulkit Bansal PF No 775797 on medical ground of his father

Mr Pulkit Bansal PF No 775797 is working as Assistant Manager at Junagadh Regional Office from June 2022. Mr Pulkit has requested to transfer his service to Chandigarh Region due to undergoing treatment of cirrhosis a stage 3 liver disease characterized by irreversible scarring of the liver of his father.

We hereby forwarding his request of transfer to Chandigarh Region on medical grounds of his father and we recommend his request of transfer against suitable replacement.

Regional Head

To

6th September 2024

The General Manager
HR Department
Union Bank of India (Central Office)
Mumbai

SUBJECT: Request for transfer to Chandigarh Regional Office due to critical family medical situation

I, Pulkit Bansal (PF BP775797), have been dedicatedly serving at the Regional Office in Junagadh, Gujarat since 13th June 2022. I am writing to formally request a transfer to the Chandigarh Regional Office due to pressing medical circumstances affecting my family.

I have previously submitted applications regarding this request, including Ref No. RO/JUN/HRMD/1823/2023 dated 21st September 2023 and Seq No. GZ5766 dated 9th November 2023, diarized on 4th December 2023. I am compelled to renew this request due to the worsening medical condition of my father.

Since November 2022, my father has been battling liver cirrhosis, a severe liver disease characterized by irreversible scarring. Cirrhosis has been classified as Complicated Chronic Disease by PGIMER, certificate of which is attached. In May 2023, he was also diagnosed with ascites, causing fluid accumulation in his abdominal cavity. He has been receiving treatment at the Postgraduate Institute of Medical Education and Research (PGIMER) in Chandigarh, necessitating frequent hospital visits.

Recently, in August 2024, my father was diagnosed with an LR4 lesion in his liver, suspected to be hepatocellular carcinoma (HCC). The recommended treatment includes TACE (Transarterial Chemoembolization) and a possible liver transplant.

Additionally, my mother is struggling with chronic migraines and has been clinically diagnosed with anxiety and depression. She requires ongoing treatment and frequent follow-ups. The burden of managing both their health issues has been overwhelming, and the lack of a local support system exacerbates their difficulties.

In light of these critical circumstances, I find myself with no alternative but to once again submit this urgent request for a transfer to the Chandigarh Regional

Office under FGMO Chandigarh. This move is essential to allow me to be present and provide the necessary support to my family during this challenging time.

I request your understanding and consideration of my circumstances. Your support in facilitating this transfer would enable me to provide the necessary care and assistance to my parents during this challenging time. It is my humble submission that my application for a posting in Chandigarh be considered sympathetically on humanitarian grounds so that I can fulfill my moral duty as a son and my professional duties towards our esteemed organization more efficiently.

In addition, I have attached a selection of pertinent medical records to this letter as a token of proof regarding my parents' ongoing health concerns and the treatment they have been receiving. I hope that these documents provide further clarity on the seriousness of the situation and reinforce the urgency of my request for a transfer. I hope that your thoughtful evaluation of my appeal will lead to a compassionate and favorable decision.

Thank you for your time and attention to this crucial matter.

Sincerely,

Pulkit Bansal

(BP775797)

Encl:

1. Complicated Chronic Certificate
2. Medical reports
3. Previously submitted applications.